WHERE ARE THEY NOW?:
THE REHOUSING OF HOMELESS FAMILIES IN NEW YORK CITY

by

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Submitted to the Department of Urban Studies and Planning
on May 28, 1991 in partial fulfillment of the
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ABSTRACT

Since 1988, over five hundred formerly homeless families have
been relocated to moderate- and middle-income housing
developments in the New York metropolitan area. The program,
coincided the "Involuntarily Displaced Families Program" (IDFP),
places families from New York City and Westchester County
shelters in state-regulated "Mitchell-Lama" apartments.

This study evaluates the results of the IDFP in the context of
research on family homelessness and studies of other rehousing
programs. Building on three case studies of rehoused
families, the study examines the process of resettling and of
building social supports in a new community. A content
analysis of family case records is performed to document
problems experienced by families, service interventions by
caseworkers and activities, such as work and job training, in
which families participate once in permanent housing.

The study finds that most participants are still in their
apartments on average two years after relocation. This high
level of stability among formerly homeless families is
attributable to the applicant screening process, the high
quality of Mitchell-Lama apartments and the follow-up visits
by caseworkers. However, the study also finds that families
experience numerous institutional problems such as welfare
case closings, difficulty obtaining day care, and frequent
rent arrears. Also, many families have difficulty
establishing friends and other social supports in their new
neighborhoods. These problems impede families' attempts to
settle; they make the "permanent" housing seem less permanent.
The study concludes with recommendations on ways to improve
the IDFP and build supports for families in their new
communities.

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Langley Carleton Keyes
Professor of Urban Studies and Planning
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First, I would like to thank the eight families who welcomed me into their homes to be interviewed. Their recollections of the process of settling and their perceptions of the program proved invaluable in framing the issues in this study. Their perseverance and optimism after many life tragedies was an inspiration.

The New York State Division of Housing and Community Renewal (DHCR) provided much of the data on which Chapter Four is based. They also introduced me to housing managers and service providers participating in the program. I am particularly grateful to Bruce Blumenthal, Deputy Commissioner of Community Development, for "going to bat" for me to release sensitive agency information, and to Lisa Massaroni, Project Assistant for Homeless Affairs, for her role coordinating the transfer of data. Her many hours xeroxing and whiting-out case records so that they could be released and working-out project details by phone are greatly appreciated.

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Introduction

Since 1988, over five hundred formerly homeless families have been relocated to moderate- and middle-income housing developments in the New York metropolitan area. The program, sponsored by the New York State Division of Housing and Community Renewal (DHCR) and the State Department of Social Services (DSS), places families from New York City and Westchester County shelters in state-regulated "Mitchell-Lama" apartments.

The relocation program, coined the "Involuntarily Displaced Families Program" (IDFP), can be thought of as a grand social experiment: How well have formerly homeless and very low-income families "mainstreamed" into economically integrated housing? Are the social services provided to families as part of the program necessary? Are they enough? Are they the right ones? Given safe and secure housing in relatively stable neighborhoods, have these families experienced other lifestyle improvements (such as family stability, leaving the welfare system, joining educational or job training programs)? How do these results confirm or conflict with the findings of researchers in the field of family homelessness?

Most rehousing studies focus on recidivism: if the family is still living in the apartment some months after relocation, then the placement is considered a success. In this thesis, I
will look instead at the process of resettling and at the families' quality of living in the new housing. By the limited criteria of recidivism, the IDFP is an overwhelming success. As many as 98 percent of the participants are still in place two years after resettlement. A more pertinent question, however, is whether this housing has had any effect, positive or negative, on the family's life. If a woman relocating with her children feels atomized in the new development because of the scrutiny of neighbors, the lack of friends or people she can "relate to," then presumably the housing could have a number of negative effects. Living in moderate- or middle-income housing might result in the loss of the few social supports she relied on before becoming homeless. On the other hand, being around two-parent families and working people might provide positive role models for children and make the single parent's job easier. Having access to the information networks of working people might make finding a job easier or provide a necessary "reality check" for individuals who have had little past work experience. Under these circumstance, living in economically integrated housing might be seen to have a positive impact on the relocated family's life.

As many as twenty-seven thousand families have been rehoused in New York City since the mid-1980s. But among

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the housing options available to families living in shelters, the IDFP is an anomaly. For one, the program openly "creams" the shelter population, accepting only the most responsible or "housing-ready" families. (Most other programs, including the New York City Housing Authority and the city's in-rem housing program, accept homeless families with a minimum of screening, so long as the applicant has resided in a shelter for a fixed period of time.) In addition, the program places participants in Mitchell-Lama units--the best housing available to families in the shelter system, according to homeless advocates--and provides them with federal rental vouchers to ensure that their apartments remain affordable. Finally, the IDFP mandates follow-up social services for all participants; few other rehousing programs include a service component.

Quietly, without press coverage or political speeches, the state has crafted a thoughtful relocation program, and over five hundred formerly homeless families have benefitted.

However, even in this better housing, these "more capable" families are experiencing difficulties. Many have encountered rent or public assistance problems since their move to permanent housing. Some find it difficult to establish social contacts in their new neighborhoods--friends or neighbors on whom they might rely in an emergency. Few participate in activities outside the home--work or training--which might lead to long-term self-sufficiency.

While permanent housing has brought important stability
to the lives of formerly homeless families, these unintended outcomes are troubling. Presumably, the tens of thousands of families participating in other rehousing programs in New York City are experiencing even more difficulties.

In the following study, I will evaluate the results of the IDFP, through interviews with participating families and others connected with the program and through analysis of case records and data that have been compiled by DHCR. Some of the issues I will address include: What problems do families experience when moving to permanent housing? What impacts, positive or negative, can this housing be said to have on formerly homeless families? and, What services have been provided by not-for-profit agencies and by management? What works? I will also compare this rehousing effort to others which have been studied in New York City and elsewhere.

The study is divided into four chapters. In Chapter One, I review the literature on family homelessness and on rehousing programs. A debate rages in the human service field about the needs of the family homeless. At issue is the question of whether and to what extent homelessness is the result of psychosocial problems experienced by families rather than of the outcome of a tight housing market and an increasing number of households living in poverty. In this chapter, I review several studies which compare families living in shelters with other low-income families. Surprisingly, there is very little information available on
families once they move to permanent housing. I conclude the chapter with a survey of this research.

In Chapter Two, I describe the IDFP: its history, the actors and their roles, and the operation of the program. Beginning with a cabinet-level decision to assist the homeless, the state has crafted a complex multi-agency program which includes participation of private-sector owners and manager, not-for-profit service providers and public agencies at both the state and local level. Who took the lead in forming this partnership? How were the actors recruited and the inevitable turf battles overcome?

Chapters Three and Four present empirical data about the program. In Chapter Three, I describe the experiences of three families who participate in the IDFP. I also make a number of observations about the program based on interviews with families, services providers, housing managers and agency staff. In Chapter Four, I perform a quantitative analysis of family case records and additional demographic data gathered by the state. How do IDFP participants differ from other families living in shelters in New York City? What are the most common problems that surface in the families' first six to eight months in housing? What interventions are made by caseworkers?

Finally, I conclude with a series of recommendations on ways to improve services to rehoused families and the operation of the IDFP.
Chapter One--Literature Review

Literature about family homelessness has grown exponentially since the problem first surfaced in the mid-1980s. Studies are available about the characteristics of the family homeless, the damaging effects on families and children of living in hotels and shelters, the service needs of the family homeless and even the implications of our social policies intended to assist this growing population.

Two areas of research are pertinent to the current study. In one, researchers attempt to answer the question, "Who are the family homeless?" through comparison studies with other


very low-income families. If families living in shelters are essentially the same in most characteristics as poor families living in housing, then presumably homelessness is a purely economic phenomenon: the result of a tight housing market, dwindling economic opportunity in urban areas and inadequate welfare benefits. However, if families in shelters are different from their housed counterparts, then we might assume that these characteristics play some role in their loss of housing. The results of this research would be useful to policy makers in designing preventative programs, in structuring services for families in transitional shelters and in planning permanent housing for formerly homeless families.

In the other body of literature, researchers evaluate the outcome of programs which relocate homeless families to permanent housing. While this research is limited and suffers from methodological problems, there are striking similarities across studies.

1.1 Characteristics of Homeless Families

In 1988, Dr. Ellen Bassuk and researcher Lynn Rosenberg contributed to the debate on the characteristics of the family homeless with a case-control study comparing families in Boston shelters with housed families in low-income
neighborhoods of the city. Already well-known for her research on the psychosocial problems of homeless adults and their children, Bassuk strengthened her argument by constructing, with Rosenberg, a control group of housed families having similar characteristics (in terms of income, age, number of children, ethnicity and marital status) to subjects in her earlier research. After administering the same survey and psychological tests to both, they concluded that the homeless subjects differed in significant ways from their housed counterparts. Among the differences:

* homeless adults more frequently exhibited a history of child abuse (42 percent of homeless adults compared with 5 percent of housed adults);

* homeless women had fewer social supports (only 26 percent of homeless women compared with 74 percent of housed women were able to name at least three adults on whom they could count in times of stress);

* homeless women had a history of abusive relationships with men (41 percent of homeless women versus 20 percent of housed women willing to respond described a relationship in which they had been battered);

* homeless adults exhibited a greater incidence of mental health problems (33 percent of homeless adults compared to 12 percent those in housing had substance abuse or psychiatric problems);

* children in homeless families suffered from more psychiatric disorders. (Fifty-four percent of homeless preschoolers versus 16 percent of housed preschoolers exhibited at least one developmental delay, and 31 percent of homeless school-age children as compared with 9 percent of their housed counterpart exhibited the need

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6 Bassuk, Rubin and Lauriat, 1986.
Bassuk and Rosenberg observe that while the two groups experience the same environmental stresses—poverty, lack of education, and family disruptions in childhood (such as divorce or death)—the housed families are able to muster resources and cope with stress by turning to friends and family, while the homeless group, with fragmented supports, more often turns to formal service programs for help. Note the researchers:

Although chronic mental illness was absent in a majority of homeless mothers, this is not to say that they and their families did not have significant emotional difficulties. In several respects—such as difficulties in relationships with family, family violence, the severity of the problems of the children, and the use of services and agencies—they are similar to "multi-problem" families first described several decades ago.  

The researchers conclude that the mere provision of housing and income supports is not enough to lift many families out of homelessness. They call for an integrated social service program which addresses these psychological as well as physical needs.

Recently, researchers at New York University conducted a similar case-control study for the city's Human Resources Administration. The report confirms some of the findings of Bassuk and Rosenberg, while it contradicts others. In this study, Knickman and Weitzman compare families applying to the city for shelter with housed families who receive public

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7 Bassuk and Rosenberg, p.787.
assistance. The purpose of this research is to build a predictive model of family homelessness by selecting factors which are related to a parent's decision to turn to the city for shelter. 8

Knickman and Weitzman report that the shelter population is extremely heterogeneous: while a small number suffer the sort of psychological disorders that Bassuk and Rosenberg describe, the majority become homeless for situational reasons, such as living doubled-up, being pregnant or recently giving birth. Among the differences they note between homeless families and their control:

* homeless adults tended to be younger (73 percent were younger than 30 years old, compared to 39 percent of all public assistance recipients);

* homeless women were more likely to be pregnant or to have recently given birth to a child (35 percent of homeless women were pregnant and 26 percent had given birth in the previous year, compared to 6 percent and 11 percent respectively of the housed population); 9

* homeless families were more likely to be black (54 percent of homeless families compared to 32 percent of housed families);

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8 Knickman and Weitzman.

9 The predominance of pregnant women among the homeless may partially be explained by the preferential treatment of this group by the city. Notes one social researcher, "Pregnant women face a different cost-benefit calculation than other women. Pregnant women (and new mothers) receive priority over other homeless women for permanent placement in subsidized housing. They are also guaranteed temporary placement in a private room or hotel. Given these lower costs and higher benefits, more pregnant women than non-pregnant women enter the shelter system. (Filer, p. 38).
* homeless families were less likely to have ever had their own apartment (44 percent compared to 12 percent of their housed counterpart);

* homeless families were more likely to have suffered disruptive experiences as both children and adults (32 percent of homeless women experienced at least one childhood event, such as child abuse, compared to 14 percent of housed families, and 45 percent of homeless women experienced at least one event as adults, compared to 20 percent of housed families);

* homeless families were more likely to suffer from psychological disorders, such as substance abuse or mental illness (8 percent of homeless families versus 2 percent of the control had participated in a detox program in the past, and 5 percent of the homeless versus 1 percent of the housed had spent time in a mental institution).

Briefly, the findings do indicate some incidence of psychosocial disorders (mental illness and substance abuse) among the homeless, but at a much lower level than Bassuk and Rosenberg cite. The researchers conclude that while these problems rarely surfaced in interviews, they were a strong predictor of shelter use. More disturbing is the evidence of disruptive experiences as an adult or in childhood, such as child abuse, living in foster care, or domestic violence. Like Bassuk and Rosenberg, Knickman and Weitzman find a predominance of these experiences among the homeless, and conclude that such traumatic events are related to homelessness.

Other data in the study directly contradict the Bassuk and Rosenberg findings. For example, Knickman and Weitzman

10 Knickman and Weitzman, 19 and 24.
11 Knickman and Weitzman, 18.
find slightly more social ties among the homeless, and indicate that families are more likely to have seen those family members or friends recently.\footnote{Knickman and Weitzman 25.} Also, the researchers suggest that the most significant predictors of homelessness are situational rather than personal: pregnancy, doubling-up, and frequent moves. In other words, families with few resources find it much more difficult to regain stability once they experience a disruption, such as pregnancy, or lose their place of residence.

What explains these differences in research findings? I think they are partially due to methodological differences in the studies. Bassuk and Rosenberg sampled a relatively small number of families (49 homeless families and 81 low-income families) and conducted an extensive survey and psychological tests with this group. In contrast, Knickman and Weitzman surveyed over twelve hundred families (704 applicants for shelter and 524 public assistance recipients) and relied on a professional polling firm to conduct a more modest survey. The evidence of more psychological problems in both the homeless and control population by Bassuk and Rosenberg is certainly the result their professional orientation and their method of data gathering. Further, Bassuk and Rosenberg constructed their sample of low-income families based on the demographic and other characteristics of the homeless families already interviewed, whereas Knickman and Weitzman chose...
random public assistance recipients as their sample. Which is the more appropriate control population is open to interpretation.

In summary, both studies suggest that homeless families differ from other very low-income families in housing. Families tend to be younger. They tend to move often and have a history of shelter use. Also, homeless families in both studies have more often experienced family violence, both as children and adults. The studies differ in their estimate of the number of families who suffer from serious mental health problems, though both acknowledge the presence of such families among the homeless. Finally, they differ on their estimate of the availability of social supports among homeless families, although the fact that a family has turned to a public agency for assistance suggests that the family's informal supports are limited.

These findings are relevant in discussing the IDFP. As I mentioned earlier, the IDFP overtly screens among families in the shelters for those without significant problems. If the state currently rehouses only the top five percent of families from shelters, can it "dip" further into the population of sheltered families without selecting those who exhibit severe problems or would have difficulty resettling?

Judging by the results of other relocation programs, discussed below, I think the state could be serving a larger population than it does currently.
1.2 Success at Relocating to Permanent Housing

Very little has been written about the experience of families moving to permanent housing. The few studies available are mainly impressionistic, based on small samples and open-ended interviews.\(^{13}\)

However, the results are encouraging. Rather than reviewing these studies individually, I will summarize here six research themes from this body of literature:

**Theme One:** Most Families Are Still In Place

Two years after placement, approximately 85 percent of families are still in place. This same figure is quoted in three studies which attempt to measure the rate of turnover in housing.\(^{14}\)


\(^{14}\) Long; Herzog; Guzman.
Theme Two: Formerly Homeless Families Benefit By Living In Permanent Housing

Notes one study, "The majority spoke of having 'arrived' and of the feeling of pride and dignity that having a home has given." In another study, 81 percent of families surveyed (34 out of 43) answered in positive terms when asked "How has having your own apartment affected your life?" The most common responses to this open-ended question were: "[It] improved my self-esteem" and "[It] has given or taught me a sense of responsibility and pride." 

Theme Three: When Problems Do Surface, They Tend To Appear Early In Tenancy

In a 1986 study by the Settlement Housing Fund of "Project Homeless," a rehousing program by the New York City Housing Authority, researchers found that about one-third of families experienced adjustment problems in housing. For the most part, these problems, such as excessive noise, vandalism or improperly disposing of garbage, occurred early in tenancy and were soon resolved for all but a small number of families.

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15 Settlement Housing Fund 4.
16 Long 19.
17 Settlement Housing Fund 3.
Theme Four: Managers Note A Small Number Of Families Who Experience Significant Problems In Housing

Most families display no problems, according to managers. However, they note a small number who exhibit significant problems after moving. These include incidents of domestic violence, drug dealing, fights with neighbors and cases of arson.\(^{18}\)

Theme Five: Most Families Need Additional Follow-Up Support

Families often move to unfamiliar neighborhoods, far from their existing supports. Several researchers recommend that additional support services be available to families, at least in the first months after resettlement.\(^{19}\)

Theme Six: Quality And Affordability Of Housing Have An Effect On Families' Long-Term Ability To Settle

Not surprisingly, several studies reveal a relationship between quality and affordability of housing and neighborhood and a family's ability to feel "settled" in their new apartment. In one study, 32.6 percent of families (14 out of 43) stated that they did feel not settled in their apartment on average two years after moving. The main reasons given for this response were "crime and drug activity" in the neighborhood and building and the "condition of the

\(^{18}\) Guzman 8; Settlement Housing Fund 33.

\(^{19}\) Guzman 14; Notkin 36; Settlement Housing Fund 35.
apartment." In another study, 11 out of 12 families surveyed answered negatively when asked, "Do you consider this a permanent place for you to establish a home?" Many cited overcrowding, because of births and significant others joining the household, and neighborhood conditions as reasons their present housing did not feel permanent. Finally, a study in Massachusetts noted much higher rates of recidivism among those relocated to unsubsidized housing (27 percent of 231 cases) than to subsidized units (2 percent of 180 cases).

In general, most families moving to permanent housing appear to flourish in that new setting. A small number exhibit sometimes severe difficulties which suggest that they are not ready, or may never be ready, for permanent housing. Notes an evaluator of one resettlement program,

Clearly these problems [including substance abuse, depression and domestic violence]...are beyond the scope of a housing program to solve, although staff actively attempted to assist clients in overcoming them. Families with such problems are a source of considerable stress and frustration to workers...and they exhaust time and resources.

Finally, most families require time to settle, sometimes experiencing difficulties in the first months after moving. Researchers add that housing managers are ill-equipped to assist formerly homeless families who experience problems and

20 Long 14.
21 Guzman 9.
22 Herzog 64.
23 Fox 18.
that families would benefit from additional follow-up support.

This study differs from the above literature in two ways: its use of client case records, which provides a chronology of the families' first six to eight months in housing, and its evaluation of the IDFP, which is unique among rehousing programs. In Chapter Two, I detail the history and operation of this program.
Chapter Two--Program Description

The Involuntarily Displaced Families Program (IDFP) is co-co-sponsored by the New York State Division of Housing and Community Renewal (DHCR) and the State Department of Social Services (DSS). In the program, families from New York City and Westchester County shelters receive priority for apartments in state-subsidized multi-family rental housing. Follow-up services are provided by referring shelters. In addition, participants receive rental vouchers to ensure to the long-term affordability of the units.

Since the first emergency order was signed in July 1988, directing owners to set aside one out of every five vacancies for a participant, over five hundred families have been relocated to permanent housing.

In this chapter, I will describe the history of the IDFP and the actors involved in this multi-agency effort. I will then discuss the program's operation, paying particular attention to tenant screening and the follow-up provided by not-for-profit service providers.

2.1 The State Responds To Homelessness

When Mario Cuomo gave his inaugural address in 1983, the governor called on all residents to be part of "the family of New York--feeling one another's pain, sharing one another's
blessings, reasonably, equitably, honestly [and] fairly."¹ Elected on a platform of "jobs and justice," the new governor moved quickly to address one of the glaring social problems of the mid-1980s: homelessness. Early in his first term, he signed Executive Order Number 4, creating the Governor's Task Force on the Homeless, and he appointed a close confidant, William Eimicke, to chair the new task force.

Eimicke, an energetic public administrator and Albany-insider, had worked at a number of important positions, primarily on housing issues, with both the state and the city of New York. Before joining the Cuomo administration in 1983 to become Deputy Secretary for Policy, Eimicke worked for the Senate Finance Committee. He also served as deputy commissioner of the New York City Department of Housing Preservation and Development (HPD), directing the management of over 40,000 units of abandoned in-rem housing.

The Task Force on the Homeless included homeless advocates, such as Robert Hayes, Kim Hopper and Ellen Baxter, co-founders of the Coalition for the Homeless, and the commissioners of the DSS and DHCR. Eimicke recalls that when the task force toured the state in 1983, most public attention was focused on the problems of the single homeless.² That perception soon changed, as the task force listened to


² William Eimicke, former Commissioner of DHCR, Interview by Phone, 12 March 1991.
testimony about the plight of young women with children, the fastest growing population among the homeless.

In late 1983, based on the task force's recommendations, the governor proposed and the legislature passed a $50 million capital budget program for constructing transitional housing for the homeless. The new Homeless Housing Assistance Program (HHAP) was intended to fund housing with services (day care, case management, health care) as an alternative to the barrack-style congregate shelters and the welfare hotels where many of the homeless were then being warehoused. The program was to be administered by the DHCR, which, while unfamiliar with the human service side of the program, was an extremely capable housing developer. However, when the program was introduced in the legislature, many upstate Republicans balked at approving a large appropriation for the housing agency. The DHCR has its headquarters in New York City and is responsible for administering rent regulation in the metropolitan area and a number of federal and state housing programs. Many of its projects and programs are concentrated in downstate areas. In an eleventh hour compromise, the HHAP was placed instead at the DSS, which is headquartered in Albany where Republican legislators felt they would have more control over the new program.\(^3\)

Eimicke had been instrumental in designing the HHAP and in pushing it through the legislature. In 1984, he invited

\(^3\) Eimicke.
Nancy Travers, a close confidant and fellow "houser," to apply for the Assistant Commissioner position at the DSS, directing the new transitional housing program.

The placement of Travers at the DSS created a direct bond between the housing and human service agency. Many of the transitional housing projects developed by municipalities and not-for-profit agencies required funding from both the HHAP and from programs at the DHCR, such as the Low-Income Housing Trust Fund. In addition, the state legislature mandated in their 1984 and 1985 budget that the two agencies develop joint needs assessments to address homelessness and together report on all activities undertaken to assist the homeless. These institutional links between the two agencies set the stage for the creation of the IDFP in 1987.

As the state developed transitional housing for homeless singles and families, it also became increasingly involved in regulating the existing temporary housing system. The number of families in the emergency housing in New York City (where most of the homeless population is located in the state) nearly quadrupled from 1300 families in 1982 to 4600 families in 1986. The state, which pays 25 percent of hotel and shelter rents and administers the 50 percent share paid by the federal government, was under increasing pressure to control

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4 Nancy Travers, Former Deputy Commissioner, New York State Department of Social Services, Interview by Phone, 2 May 1991.

5 Manhattan Borough President's Task Force on Housing the Homeless, 27.
costs and improve the quality of emergency housing across the state. Exposes on the deplorable condition of most temporary shelter--some costing taxpayers as much as $100 per night per family--led to the creation in 1985 of the Part 900 regulations by the DSS. Part 900 of the state Social Service law sets standards for two types of temporary shelter: Tier I and Tier II. Tier I is short-term congregate shelter while Tier II is service-enriched transitional housing intended for longer stays. It was reasoned that families or single adults turning to public agencies for shelter would be placed first in a Tier I shelter, after which time they would be referred to the Tier II system. The use of welfare hotels, the main source of emergency shelter for homeless families in 1985, was to be phased-out as the number of Tier I and Tier II beds increased.

2.2 Designing the IDFP

a) Background

In 1985, Cuomo appointed Eimicke as commissioner of the DHCR. Already the chair of the Governor's Task Force on the Homeless, Eimicke's position as chief of all state housing agencies earned him the title of "housing czar" by the media.6

6 Osborne, 222.
Eimicke recalls a meeting in 1987 in which he, Nancy Travers, Bruce Blumenthal, then a Special Assistant to Eimicke and Myron Holtz, the Deputy Commissioner of Housing Operations discussed ways in which the state housing portfolio could be better used to serve the needs of the homeless. They struck upon the idea of using the state's stock of Mitchell-Lama rental units to rehouse a small number of capable families.7

"Mitchell-Lama" refers to private for-profit and not-for-profit developments created under the Limited-Profit Housing Companies law of 1955. The housing program, named after its sponsors, is one of the nation's pioneering programs for the development of middle-income housing.8 Under the program, developers were given significant tax abatements and low-interest mortgages for agreeing to charge low rents that would limit their profits. Approximately 165,000 apartments, including both co-op and rental units, were developed under the program; 135,000 of these units are in New York City.9

The idea of placing homeless families in some of these units had "enormous symbolic value," according to Eimicke. "Most of the families living in this housing just moved in and never left."10 Mitchell-Lama is perceived as an unfair

7 Eimicke.
9 Sweet and Hack 119.
10 Eimicke.
income transfer to the middle-class, especially in the context of today's limited public resources.

Sharing the benefits of Mitchell-Lama housing became even more important to the DHCR as the issue of expiring use surfaced in the mid-1980s. The 1955 Mitchell-Lama law was amended in the mid-60s: A buy-out option was introduced, allowing owners of developments to prepay their forty-year mortgages at the twenty-year mark. The amendment was intended to "sweeten" the financial package for developers by increasing their disposition options. However, by 1988, as many as 80,000 units had passed the twenty-year mark and were eligible to leave the program. As the state scrambled to induce developers to stay in the program, through tax abatements and new low-interest mortgages, they also became increasingly concerned that the housing itself provide more public benefits.

In July 1987, Eimicke signed the emergency order directing owners of state-supervised family rental housing in New York City and Westchester County to set aside one out of every five vacant units in their developments for homeless families.

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b) The Actors

The program relies on the participation of six primary agencies and organizations. Among them:

* The State DSS Office of Shelter and Supported Housing (OSSH)
The OSSH administers the Part 900 regulations, supervising and monitoring the operation of emergency shelters. The office also awards grants through the HHAP, creating new transitional housing. The OSSH is a co-sponsor of the IDFP. Through their contact with not-for-profit shelter providers, they accept referrals for the program, and they monitor the follow-up services provided by the shelters.

* The State DSS Division of Income Maintenance (DIM)
Most IDFP participants receive public assistance. As families move into permanent housing, staff of the DIM ensure that entitlements—such as rent and furniture allowance—are issued and that the local income maintenance authority is notified of the changes. They also act as a liaison between families and their income maintenance centers when problems arise.

* The State DHCR Office of Subsidy Services (OSS)
Most families require additional subsidies to afford the rents in the Mitchell-Lama developments. The OSS issues federal rental vouchers to families, and visits the families yearly for recertification and apartment inspections.

* The State DHCR Bureau of Housing Management (BHM)
The BHM supervises the operation of 270 low- and middle-income housing developments financed by the state and by public authorities. In the IDFP, the office monitors Mitchell-Lama developments to see that they are complying with the emergency order. They accept referrals of vacancies from management companies and pass them on to the OSSH to be matched with a family. In addition, the BHM acts as a liaison between housing managers and service providers once families are in place.

* The Not-For-Profit Service Providers
The service providers operate Tier II shelters for homeless families. Twenty-three shelters selected by the
state are currently participating in the IDFP. The shelters differ in size, with some sheltering only a
dozen families while others shelter as many as 300 families. Caseworkers refer families to the IDFP based
on screening criteria developed by DSS and DHCR. The providers are also responsible for providing follow-up
visits to families once in housing.

* The Mitchell-Lama Housing Companies
Forty-six housing developments in the city are affected
by the emergency order. The owners and managers of
these developments are responsible for reporting
vacancies to the BHM, so that families may be referred.
Once families are rehoused, the housing companies are
expected to provide the same services to these tenants as
they provide to the rest of their tenancy. The managers
are also obligated to keep the identity of participants
confidential.

A number of other agencies are involved indirectly in the
program. They include: the New York City Housing Authority,
which provided rental vouchers in 1989 for several months when
DHCR used up its allocation, and the New York City Human
Resources Administration, which also regulates Tier II
shelters in the city, administers income support programs and
operates a number of programs for families relocating to
permanent housing.

C) Screening and Follow-Up

Perhaps the most important aspect of the program design
is the screening and follow-up of families provided by not-
for-profit agencies. The IDFP, as I mentioned above, overtly

12 Lisa Glazer, "Housing the Homeless: High Quality

13 Glazer 20.

14 NYS/DHCR, "Management Bureau Memorandum #88-B-17, 14
October 1998.
"creams" the shelter population, selecting only the most responsible or "housing-ready" families for the program. Appendix One lists the screening criteria developed by the state. Apart from these criteria, state official have repeatedly told shelters to "send us only your best families."

While some service providers need to be reminded of the criteria, for most, the burden of following-up on a problem family and the threat that a "bad" referral will lead to disqualification from the program, is enough to convince them to comply.

The state also mandates follow-up visits for the first six months of the families' occupancy (Appendix One). The not-for-profit shelters do not receive any additional funding from the DSS to perform these visits, although some of the larger service agencies receive funding from another source to provide rehousing assistance. Small shelters, with only a handful of staff, find it difficult to assume this additional responsibility.

Screening and follow-up services will be discussed in greater detail in Chapters Three and Four.

d) Successful Program Elements

Since the first emergency order was signed in July 1988, over 500 families have relocated to Mitchell-Lama developments. The program has operated quietly, with almost no media coverage and very little controversy.

Given the number of parties involved and the potential
volatility of this issue--homeless families moving into middle-income housing developments--this outcome of the first three years of the IDFP is extraordinary.

Program administrators attribute the smooth operation of the IDFP to four elements of the program design:

**Element One: Making The Program Reasonable**

Eimicke explains that the DHCR must balance the rights of current residents of Mitchell-Lama housing with those of others in need. One way of doing this is by staggering the entry of families into buildings (taking every fifth vacancy) and by dispersing participants across developments. Owners are only required to accept IDFP families until participants make up five percent of each building of each development.

Another way of "building reasonableness" into the program is by assuring housing companies that some screening occurs while families reside in shelters and that the families will receive follow-up assistance. Given that most managers are unfamiliar with the homeless population, these additional assurances put to rest some of the fears of management.

**Element Two: Building Support Quietly Before Going Public**

The IDFP began as discussions between a small group of close associates (Eimicke, Travers, Blumenthal and Holtz). Overtime, this group threw a wider net, to attract support from housing companies, members of the state legislature and from service providers. Blumenthal, formerly an aid to a

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15 Eimicke.
state senator, began building support for the program among his old associates in Albany. Travers contacted her friends in the social service community.

In late 1987, ten months before the emergency order was signed, the DHCR persuaded three housing companies to set aside a small number of units for a pilot test of the program. Twenty-six families were placed with few problems.

Based on the success of this test, the agency recruited the chairmen of one of the housing companies which participated to actively market the program. Jerome Belson, Chairmen and CEO of a real estate firm which manages over 18,000 units of housing, organized an informational conference for Mitchell-Lama housing companies. The day-long program was designed to allay the fear of owners and managers by describing the IDFP and introducing the officials from the DSS and DHCR who would operate the program.

The first and only press release about the program was not released until February 1989, after the first 150 families had already successfully relocated.

**Element Three: Doing It Yourself**

The IDFP is extremely unusual for a state program in that state agencies administer services directly, rather than through a local provider, such as the city’s Human Resources Administration. Nancy Travers, then a Deputy Commissioner at the DSS, explains that the DHCR would not agree to set aside units for families unless the DSS was a player. Essentially,
the DHCR did not trust the city to administer the program responsibly. Given the city's rehousing record, resting on quantity rather than quality, the agency did not believe that the city would responsibly screen families or follow-up on them once in place.\textsuperscript{16}

Through the DSS's role as both regulator of the not-for-profit shelters and as co-administrator of the IDFP, they have important leverage over the activities of service providers. Similarly, DHCR's role as both regulator of state-subsidized housing and co-administrator of the IDFP ensured that most housing companies would comply. Notes Eimicke, "we can make life very tough for a housing company which is not complying... for instance, [by] accidentally not sending their subsidy check."\textsuperscript{17}

Both the DHCR and DSS have appointed two or three staff who are responsible for all aspects of the program, including processing applications, matching families with apartments, relaying move-in dates and contacting service providers after receiving complains from housing managers or vis versa.

Several of the staff I interviewed displayed an incredible sense of ownership for the IDFP, having designed parts of it themselves.

\textsuperscript{16} Travers.
\textsuperscript{17} Eimicke.
Element Four: Putting Out Fires

Finally, when crises arise, the agencies act quickly to resolve them. After the first emergency order in 1988, residents of several developments expressed concern about and even opposition to the program. In one building in the Bronx, the tenants organized a meeting to urge the owner of their development to "buy-out" rather than accept homeless families. In south Brooklyn, a federal legislator mailed a letter to his constituents stating his opposition to the program and urging tenants to write to DHCR to complain.

In these cases, staff of the DHCR responded quickly by meeting with concerned residents and by mailing letters describing the program to affected parties.

The agencies have acted with equal dispatch when problems surface with individual participants: a family creating disturbances, a manager asking inappropriate questions at a housing interview or a tenant being harassed by neighbors. This commitment to put out fires quickly, has earned the agencies the trust of housing managers and of service providers.

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Chapter Three--Case Studies

In the spring of 1991, I interviewed nineteen participants of the IDFP: eight families, three housing managers, five service providers and three agency officials. Many of the observations I make throughout this chapter and the next are based on these interviews.

Chapter Three is divided into two sections. In the first section, I present the stories of three formerly homeless families, illustrating their backgrounds, their experiences resettling and their perceptions of the IDFP. In the second section, I make eight observations about the program based on the three case studies and on my other interviews with program participants.

3.1--Three Families

The eight families from which the following three case studies are drawn were referred to me by the shelter providers which had originally recommended them for housing. Six of the clients were referred by one agency; the remaining two by another.

This sampling may not be representative of the entire IDFP population. Because the families were not selected randomly from the pool of participants, the cases may be
slightly biased. Social service agencies may have chosen only the "best" families for me to interview. And, my insistence on contacting families in place for more than a year and then only those whom I could contact by telephone may have accentuated this bias, since agencies seldom maintain extended contact with families and many clients find it difficult to budget for phone service.

Given these constraints, I think the interviews provide a rich addition to the quantitative data discussed in the next chapter. For the most part, families were candid about their perceptions of the program, of the buildings and neighborhoods in which they live and of the agencies which referred them to housing. All welcomed me into their homes, and many seemed pleased to have the company--to show someone, even a stranger, how well they were doing after having been homeless.

The three cases I describe below represent a spectrum of the type of families which participate in the IDFP.

The Morris Family

It was raining the day Vivian and her family moved to Ocean Park Apartments. Though it was over a year ago, Vivian can recall the weather, the day of the week (it was a Wednesday), and how she felt as the moving company transferred her family's few belongings in plastic bags from the shelter.

1 These families are not part of the sample of fifty examined in the next chapter.
to the new apartment. "I didn't know where to start unpacking. It was getting late and I had to feed the children." The furniture truck that was to arrive at the same time as the moving van did not appear until nighttime. And the driver and his assistant wanted $80 to unbox and assemble the three beds and kitchen table and chairs that Vivian had purchased earlier in the week. "They just left it there in a pile in the living room. I didn't have any way to put it together and I didn't know anyone in the neighborhood."

Vivian recalls that it took her about a month to feel settled at Ocean Park. "That's when I started to think about fixing things up."

Vivian balances her three-year-old son, Stevie, on her lap as we talk. Stevie is very sleepy, but refuses to take a nap with so much activity going on in the apartment. Twice, Vivian places Stevie in his bed, and twice he wanders back out to the living room and climbs back up on her lap. Vivian's older son, Richard, is away at school. He attends fifth grade at an elementary school down the street from Ocean Park.

**Family History:**

The Morris family became homeless three years ago when a fire damaged part of the house in which they were living. Vivian remembers hearing about the fire while in the hospital giving birth to Stevie. On returning to the two-family house, she found that most of the other tenants had moved but that the two rooms which she had rented were not damaged. The
family continued living in the house without services for another year, when they were finally removed by police and the building was condemned.

Vivian is in her mid-40's and is originally from the West Indies. She came to the U.S. in 1972, and has held a variety of jobs, including that of a shipping clerk at one of the major department stores (a job she lost when she could not make the commute from Brooklyn to New Jersey during the NYC transit strike in the late seventies). She has never been married.

With Richard's birth in 1980, Vivian stopped working altogether and has been on AFDC since.

But being on welfare has not destroyed Vivian's pride or her ability to care for her children or negotiate a sometimes treacherous social support system. As an example, Vivian was able to prevent her family from being referred to a "welfare hotel"--"I had heard how bad some of them were"--by refusing, even under threat, to leave the congregate shelter until she was referred someplace decent. And, once she and her children were placed in a not-for-profit Tier II shelter, Vivian was able to impress her social worker enough to be considered for the IDFP.

Vivian believes that she was selected for the housing program because of her "model" behavior at the shelter. "I keep to myself and stay out of trouble." Her social worker used to congratulate her for the way she carried herself.
Vivian was told that she should consider herself lucky: only a small number of families living at the shelter are selected for the program.

The Neighborhood:

Ocean Park Apartments is located in Coney Island, a peninsula in the southern part of Brooklyn. From the Morris' twelfth floor apartment, one gets a spectacular view of the New York Bay and of the lofty Verrazano Narrows bridge, linking Brooklyn with Staten Island.

The twenty block by three block area is one of the poorest in New York City. Coney Island is the site of a massive urban renewal effort conducted in the 1950's and 60's. The triple-deckers and brownstones which were once the predominant housing stock on the Island have been replaced by high-rise public housing projects and Mitchell-Lama developments. Much of the land remains vacant. The population has also changed. The first- and second-generation Italian and Jewish immigrants who once populated Coney Island have moved "across the subway tracks" to Brighton Beach and north to Bensonhurst. The remaining residents are for the most part poor and predominantly black and Hispanic.

Coney Island suffers many of the same ills as other areas of concentrated poverty in the city: drug sales and drug-related crime, poor city services and social and economic isolation.

Vivian seems inured to these problems, which also plagued
her old neighborhood in Central Brooklyn. She likes living at Ocean Park Apartments because it is safe and quiet. The building contains a diverse tenant population which includes Russian and Polish immigrants, other people of color and senior citizens. She thinks many of the tenants work, because the building gets very quiet during the day and often a line forms in the lobby waiting for the elevator in the evening. Her only criticism of her neighbors is that they "seem unfriendly." After fourteen months living at Ocean Park, Vivian has only met two people in the building: the maintenance man, who visits her occasionally, and a woman in the building who provides family day care for Stevie.

Ocean Park Apartments is part of a large complex of buildings in Coney Island, all managed by a single company. There are 1,400 units in the complex, served by a 24-hour security force and a maintenance staff. Many of the buildings have laundry rooms and community rooms. The development also boasts a shopping area, a Headstart and landscaped grounds, including play areas. Ocean Park and other buildings in the complex are relatively well-policed; many of the social problems which affect other parts of Coney Island are kept in check on the grounds.

Adjustment To New Area:

As Vivian was able to negotiate her way through the homeless system, so she has been able to find the stores and services she needs in her new area. Vivian was visited
monthly by caseworkers from both the City's Office of Family Services (OFS)\(^2\) and from the not-for-profit shelter where she had stayed, but she considered these visits to be more social calls than opportunities for assistance. "I'd be feeling a little bit lonely, and then it was time for another visit...it was sort of pleasant." Vivian registered Richard in school on her own. She also found a supermarket in another neighborhood less expensive than the market on-site and learned how to get from Coney Island to other places in Brooklyn by bus (and save the money of transferring to the subway).

For Vivian, living in Ocean Park has brought stability and a new sense of hope. "I don't feel like returning to my old neighborhood anymore. I have grown out of my old ways." During our conversation, she brought out the certificate from the 300-hour nursing aide program which she recently completed. She has applied for a job at the local hospital and at nursing homes, and hopes to get off welfare soon.

However, her future seems less sanguine when we discuss the obstacles that still exist to her working full-time. Stevie would require all-day child care, which Vivian qualified for while she was in training but does no longer.

\(^2\) The Office of Family Services (OFS) were community-based social service centers operated by the Human Resources Administration. Among their duties, these offices were responsible for visiting homeless families soon after they relocated to permanent housing. The program had been criticized for not performing visits on many families and for providing poor quality service. Early this year, the OFS was eliminated, a victim of the city's fiscal crisis.
Richard, also, would need after-school supervision. Since moving to Coney Island, Vivian has met few people. And, as she has left her "old ways" behind her, so family and friends who might have helped out in the past have fallen by the wayside. For the most part, Vivian relies on her children for companionship. "I don't feel lonely when my kids are around."

The Rodriguez Family

Unlike Ocean Park Apartments, which has retained some of its middle-income and working tenants, the Crotona Apartments in the Bronx has changed with its neighborhood--it is populated almost exclusively by subsidized tenants. The low-rise structures covering several square blocks were designed in the early 1960's. Open courtyards and wide internal hallways (a la Pruitt Igoe) which may have functioned well a decade ago, are now difficult to police. The section of the development where the Rodriguez family lives is now surrounded by a high fence and barbed wire. A security guard buzzes guests into the courtyard leading to the building entrance.

On entering the Rodriguez apartment, one is struck by its contrast with the bleak neighborhood in which it is located. Inside, one finds curtains with ruffled fringe, shelves loaded with curios and a gurgling aquarium. It is clear that Nadia Rodriguez takes great pride in the apartment which she has decorated slowly over the last year and a half. "The
maintenance men when they visit tell me what a nice apartment I keep...the nicest in the building."

Nadia speaks quietly; I must pull my chair close to the table to hear. She is in her mid-twenties, but seems older because of fatigue. Her husband, Juan, is not present for the interview and one senses that he spends little time at the apartment. Juan is from the Bronx originally, and has many friends and family in the borough. Nadia, however, is not familiar with the Bronx. She was born in Puerto Rico and spent her teenage years in Chicago. The couple moved to New York City after the birth of their son Jerel, who is now six. Nadia also has a nine-year-old daughter, Margarita, with whom she became pregnant at the age of fourteen.

Family History:

The story of how the Rodriguez family entered the shelter system is a classic tale of how our social programs can create the wrong incentives.

The family had lived in the Bronx for a short time in the mid-1980's, staying with members of Juan's family. In 1987, they moved to the Central Valley of California to try their luck in the largely agricultural area. Juan is partially disabled, missing several fingers on one hand, and has little education. He has worked intermittently at best, and always at low-paying manual labor positions: custodian, assistant building superintendent, laborer.

The work opportunities in California, however, seemed
little better than in New York. Nadia recalls that Juan received a letter from a cousin in the Bronx. The cousin had become homeless, but had received an apartment soon after entering the shelter system. She encouraged Juan and Nadia to return to New York, where they too might be able to get their own apartment.

In early 1988, the Rodriguez family returned to New York City, taking residence at the home of Juan's friend until their Public Assistance case could be reopened. A month later, the family approached the City for shelter. Juan and Nadia were sent to a congregate shelter, but two days later were referred to a not-for-profit shelter on account of Jerel's poor health. Both Nadia and her son Jerel suffer from a form of hemophilia, which requires constant medical attention.

Like Vivian Morris, Nadia believes that her family was referred to the IDFP because of their "model" behavior at the shelter. "The social worker said that he was going to get us the best housing. They were looking for people who would be responsible in this program."

Seven months after requesting shelter from the City, Nadia and Juan moved to Crotona Park Apartments.

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3 In fact the percentage of homeless families who move to New York City to take advantage of their relatively generous public benefits is very small. The city's Human Resources Administration estimates that only 5.4 percent of all homeless families came from outside New York City immediately before requesting emergency shelter (Manhattan Borough President's Task Force 8).
The neighborhood:

Nadia seldom ventures out of her apartment; after eighteen months, her familiarity with the neighborhood is limited to her children's schools several blocks to the north and a shopping district a short walk to the south. While it is only five minutes on foot to the renowned Bronx Zoo, Nadia has never taken her children there. An Italian neighborhood, featuring some of the best butcher shops and Italian pastries in the city, also borders Nadia's neighborhood; but she has not heard of the area.

I spoke with four families at Crotona Park Apartments. All related tales of shoot-outs, muggings and pervasive drug-peddling on the blocks surrounding the development.

Few feel any safer in their apartments. Two months after the Rodriguez family moved in to Crotona Park, a fire broke out in an apartment two floors above. The Rodriguez apartment was slightly damaged both by smoke and the water used to extinguish the flames. Even now, Nadia loses sleep worrying about another fire.

She also fears that someone will break in while she is away. The walls at Crotona Park are very thin. Burglars have been known to punch through the exterior walls adjacent to doorways and simply unlock the front door by sticking their arm around. The Rodriguez's have installed three locks on their front door, but Nadia wonders whether this is enough to thwart a determined burglar.
On talking to Nadia, I have trouble telling whether her level of fear is a realistic response to a dangerous environment, or the anxiety of someone who has few external contacts and is relatively unfamiliar with her neighborhood. Surely, it is some combination of the two.

Adjustment to the new area:

Nadia is not disabled by her fear. While she has shown little interest in getting to know the neighborhood, she is an extremely resourceful and responsible parent. One example of this is her ability to access quality medical care for her son Jerel. Rather than going to the local hospital which is reputed to be of poor quality, Nadia takes her son across the borough to another hospital which specializes in the illness from which she and her son suffer. Nadia also sees a counselor at the hospital to lessen the strain of managing, almost singlehandedly, her son's condition and the care of the rest of the family.

Another example of Nadia's resourcefulness is the fine condition of the apartment, and her ability to keep track of the rent. Nadia's rent, like that of other IDFP participants, comes from two sources: a state Section 8 subsidy, and the City's public welfare program. Both pay the rent directly to the management company. Several months after moving, however, the Rodriguez family received a ten-day notice from Crotona Park because of unpaid rent. The problem--one that has plagued other IDFP participants--is that the Section 8 subsidy
had not yet kicked in. In addition, Public Assistance had neglected to add rent to Nadia's budget. Now, to prevent another letter from Crotona Park, Nadia religiously picks up her rent receipts from the management office twice a month (Nadia has calculated that if she visits the office three days after she receives her welfare check, the management should by that date have received the direct vendor check from Public Assistance).

Like Vivian Morris, Nadia has met few people in her building. Her only friend in the area is another mother she met whose children attend Jerel's school. They occasionally take turns picking up one another's children or watching them after school. While other families from the shelter where the Rodriguez family lived for seven months also reside at Crotona Park, Nadia has expressed little interest in establishing a relationship. "Why should I get to know them now," Nadia reasons, "when I was not friendly with them while [I was] at the shelter?"

Despite the many obstacles to settling, Nadia feels that living at Crotona Park has brought important stability to her life. "When you're in the shelter, you don't have anything...you learn to appreciate what little you've got. I carry that experience with me." Apart from caring for her son, which she says is a "full-time job," Nadia has few plans for the future. But she hopes to stay at Crotona Park forever.
A mile to the east of the Rodriguez family is another development built at the same time as Crotona Park and owned by the same company.

Concourse Apartments consists of two twenty-story towers on stilts which face the streets to the east and west and cover an entire city block. The internal courtyard created by the towers feels unsafe; it is seldom used except as a shortcut between streets. The complex stands out in this neighborhood: its height and slab concrete construction contrast with the brick six-story apartments houses (a Bronx standard) which predominate in the area. The building is awash in the type of design flaws that Oscar Newman wrote about in the early seventies: ambiguous demarcation of public and semi-private space, multiple and poorly marked entrances, and dark and uninviting elevator waiting areas.  

When Michelle Handy first saw the building, she wanted to turn it down without interviewing. "I had requested an apartment in Queens, where I am from. So when we pulled up here and I saw the teenagers hanging out front, I said to [the housing specialist], "turn this van around and take me home!'" The worker from the not-for-profit shelter coaxed Michelle into at least looking at the apartment. She recalls

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that when she saw the unit, a spacious duplex apartment, she "fell in love with it."

Michelle Handy is a strong and energetic woman in her mid-thirties; she is the mother of two. As we talked in her kitchen, Michelle fielded telephone calls, shouted instructions to a friend who was caring for four children in the next room (Michelle operates a family day care business) and cooked lunch. It became clear during our conversation that this level of activity is the rule, rather than the exception, in the Handy home.

**Family History:**

The Handy Family became homeless after the house in Queens in which they were living was sold. Michelle and her children were staying with Michelle's mother at the time.

Michelle was married in her late teens and had lived on her own for several years. When her husband died eight years ago, Michelle moved back in with her family. She was pregnant with her second child, William, at the time. Michelle has an older daughter, Tanya, who is now fourteen.

She is quick to point out that she has never been on welfare. Michelle has worked intermittently at a variety of jobs, including waitressing and house cleaning. However, her primary source of income is social security widow's pension, and food stamps. She completed only two years of high school.

After leaving the house in Queens, Michelle and her children approached the City for shelter. They were first
referred to a congregate facility. Two months later, they were transferred to a not-for-profit Tier II shelter where Michelle's mother also was staying.

Michelle believes that she was referred to the IDFP because she "kept such as nice clean apartment at the shelter." But as we talked, another reason surfaced for the referral--her persistence. Michelle hoped to return to Queens, and attended an education and housing program for homeless families in Forest Hills while living at the shelter. At the program, she learned about a number of housing programs, including the IDFP, which were available to homeless families. Michelle recalls that she "bugged the housing specialist" at the shelter to refer her to the IDFP. In addition, she turned down housing from other sources, such as the City's "van program", which transports families to see renovated apartments in city-owned buildings.

Her persistence paid off: About a year after becoming homeless, Michelle was referred to Concourse Apartments to interview for an apartment.

The Neighborhood:

Concourse Apartments is located only a few blocks away from the Grand Concourse, the main thoroughfare of the Bronx. On exiting the D train on the Concourse, one is struck by the towering art deco apartment houses, constructed in the 1920's, which line the wide street. Since the 1980's, many of these buildings have been restored to their pre-war opulence.
But a only a few blocks away, the ambiance is quite different. There one sees the effects of the abandonment and arson which struck much of the South Bronx two decades ago—gutted shells of apartment houses; vacant storefronts; lots strewn with rubble and abandoned cars. Because of the number of city-owned in-rem buildings in the neighborhood, the area is a prime target in the City's ten-year, $5.2 billion housing program. Indeed, the City has already rehoused more families in rehabilitated apartments in this community district and the district to the south, than any other neighborhood in the city.  

Michelle could neither confirm nor deny the presence of other formerly homeless families in new neighborhood; she spends most of her time at home. Her apartment building, however, appears to be a bit more economically integrated than the surrounding area. Michelle estimates that at least half of the families at Concourse Apartments work.

After eighteen months in her apartment, she has met few people in the area, apart from those whose children she watches as part of her family day care business. Michelle continues to attend church in her old neighborhood in South Jamaica, Queens, about two hours by subway. And she spends time with her mother, who was able to return to Queens and now lives in public housing in Long Island City. In addition,  

Michelle has an aunt nearby in the Bronx, and family who live "all over the city." Judging by the number of telephone calls which interrupted our conversation, she maintains a lively social life by phone.

Adjustment to new area:

Perhaps the most profound change in Michelle's life since moving has been her ability to work. As we talk, Michelle pulls an official-looking form from the bulletin board beside the table. Three months ago, she completed classes and was certified as a family day care operator. Michelle says she began over a year ago watching neighbor's children for a little extra spending money. Both William and Tanya, Michelle's own children, were away at school during the day, and she "was feeling kind of restless sitting around the apartment alone." A friend encouraged her to sign up for a day care provider training program in the neighborhood.

Today, cots and cribs line her living room. Michelle takes in four children each day and receives a weekly check from a local day care vendor.

She speaks warmly of the year her family spent at the not-for-profit shelter. But she is not sentimental, nor does she wish to maintain contact with the agency or with the families she met there. The Handy family was visited for the first six months after moving by a caseworker from the agency. Like Vivian Morris, Michelle maintains that she enjoyed these visits, but did not need any special help. "The visits are
mandated," she reminds me.

Before leaving, I am given a tour of Michelle's apartment. A year and a half after moving, the place remains sparsely furnished. This is perhaps more pronounced because of its spaciousness (it has three bedrooms) and its unnervingly white walls and high-gloss linoleum floors. But, Michelle is clearly proud of the small improvements she has made--the drapes with matching fringe, the framed prints, the bathroom accessories--and the semblance of order she has been able to build despite the many life tragedies she has experienced.

3.2 Observations

**Observation #1:** Because of screening and other informal criteria used in referring families, the IDFP participants differ in significant ways from the general homeless population.

It is clear from the three case studies that these families are not typical of the general homeless population, nor do they view themselves as typical. Common statements in interviews included "I keep to myself" or "I did it on my own." Several went to great lengths to separate themselves from other homeless families. "They were looking for people with ambition," one client noted describing the program. Another mentioned that she was selected for the IDFP "because I was not responsible for my becoming homeless."

One would certainly expect the participant population to
be different, given the formal screening criteria discussed in the last chapter. The formal criteria and additional memos from the state transmit one unambiguous message: "Send us only your best families." The fact that shelter agencies are responsible for following up on problem families (something they are not responsible for in other rehousing programs) and that a "bad referral" might result in being disqualified from the program, reinforces this emphasis on screening.

And, on the surface, IDFP participants differ in significant ways from the general homeless population. Heads of families are slightly older than the mean age of other families living in shelters (31 years vs. 27 years). In addition, a slightly larger percentage of two-parent families participate in this program than is reflected in the general shelter population (16 percent vs. 14 percent)--although this may be the result of boyfriends or husbands joining the household on moving, rather than couples living together in the shelter which is rare. Finally, many of the families I visited had members who were ill or disabled; Nadia and her son Jerel, for example, suffer from hemophilia. Of the eight families I interviewed, four had members who were incapacitated in some way, including an adult recovering from a stroke, a child with Downs Syndrome and another who is wheelchair-bound with cerebral palsy. While not overtly stated, caseworkers and shelters providers may view this housing, because of its relative safety and extra amenities,
as the most appropriate housing for these at-risk families.

I would argue that service providers go beyond the overt criteria established by the state in selecting families. The statement above by the woman who said that she was "not responsible" for becoming homeless touches on this distinction. As society somewhat arbitrarily distinguishes between the "deserving poor" and the "undeserving poor"--the infirmed and aged belonging to the first category and just about everyone else to the second--so service providers intuitively make distinctions among their client population. Michelle Handy, who is widowed and has never been on welfare, might be categorized as the "deserving homeless." Her desire to work, and her connections to church and family, place her squarely in the respectable working class, despite her lack of income. Nadia Rodriguez, who exhibits immense pride in her ability to maintain a home and minister to her and Jerel's medical condition also seems blameless for her circumstances. Caseworkers, informed by these distinctions, tend to refer the most "deserving" families to this better housing.

One final and subtle way that IDFP participants may differ from the general homeless population is in their ability to understand and negotiate a complex system of services for homeless families. Several women exhibited a familiarity with shelter regulations usually associated with advocates rather than with clients. Recall Vivian Morris, who exercised her right to turn down shelter which she deemed
unsafe--in this case, a welfare hotel--in the face of threats by city caseworkers. Another woman I interviewed had organized a tenants association in her shelter (with the assistance of caseworkers there) and went on to attend an organizers conference while still living in temporary shelter. Two families pulled strings in order to be referred directly to a Tier II shelter from their last place of residence, skipping over the requisite time in the more punitive congregate shelter system. And all the families could describe ways in which they were able to catch their caseworkers' attention in order to be referred to the IDFP. Some, like Michelle Handy, requested the housing outright. Others participated in shelter activities or attended school or training programs while at the shelter with the expectation that they would be referred to better housing by doing so.

Again, these distinctions are somewhat arbitrary. While IDFP participants may be more entrepreneurial then other shelter residents, they nevertheless are (or were) homeless. In a time of crisis, and lacking other supports, they were forced to turn to the city for shelter. Many suffer from the same social pathologies and poverty which characterize other families in the shelter system. Of the eight families I interviewed, only one had completed more than twelve years of school. With the exception of Michelle, who receives social security, all are long-term AFDC recipients. And most families had experienced long bouts of dislocation--moving
from friend to friend, squatting in abandoned buildings--before finally approaching the city for shelter.

While we make distinctions among those in the homeless system, it is also important to recognize the qualities which many families in the system share.

Observation #2: Most IDFP participants do not move into middle-income neighborhoods or buildings.

The name "Mitchell-Lama" is almost synonymous with "middle income," the two words are so often paired when describing the housing program. It now appears that most of the buildings to which IDFP participants move are not middle income at all; many are extremely segregated--both by race and class--and are located in some of the poorer neighborhoods in New York City: Coney Island, East New York, Far Rockaway and the South Bronx. This "other story" about the IDFP only surfaced after I visited some of the developments and spoke with the case workers who conduct home visits.

That IDFP may not be a story about income-mixing is not an indictment of the program; indeed, homeless service providers point out that the program provides the "best housing" for families living in shelters. The fact that housing and human service officials operating the program from Albany see it as middle income housing, suggests that they are somewhat insulated from the day-to-day details of the program.

Still, the developments are more economically-integrated
than other housing programs to which homeless families are referred, including public housing and the city's in-rem and Special Initiative Program apartments. The Mitchell-Lama managers I interviewed described a variety of rent subsidy programs to which tenants subscribe. In one development in East New York, the manager estimates that 60 percent of the tenants receive some form of rent subsidy--either through Section 8, the 236 program, or through another program referred to as the "Rent Supplement Program." A manager in Coney Island estimates that 30 percent of the tenants in that development receive a rent subsidy. Without more information, it is difficult for me to tell how many Mitchell-Lama tenants in a building are employed, are retired or are recipients of public assistance. Most families I spoke with are also uncertain about their neighbor's activities.

What is clear, however, is that IDFP participants are referred to the buildings experiencing the most turn over. As mentioned earlier, the state regulations mandate that owners set aside one out of every five vacancies for an IDFP referral, up to a cap of 5 percent of a building's population. While there are 42 developments in the city affected by the state emergency order, all but a handful have only rehoused a small number of participants. Most families have been referred to eight or ten developments with high turnover and difficulty attracting unsubsidized tenants to their neighborhoods or buildings. Two owners in this group have
stated their intention to accept more than the required five percent per building, ostensibly to benefit from the extensive tenant screening performed by shelter providers.  

For most IDFP participants, moving to a Mitchell-Lama development, even one with high turn over in a relatively low-income neighborhood, is a significant step up. Of the families I interviewed, none had ever lived in a building which offered amenities such as a laundry room, maintenance staff or on-site security. Few had ever had their own lease or experienced a formal landlord/tenant relationship, with its privileges and obligations. So, while the setting is not middle-income per se, it still provides challenges in terms of integrating or adapting to community norms. As one manager noted, "Knowing to call maintenance when the sink is backed up is not something you're born with. It's a learned response. Some families let things go because they don't know any better. They've never lived in housing where someone was there to fix things for them."  

Observation #3: While most participants seem to be doing well in their apartments, the process of settling takes much longer than families anticipate.

Settling can mean many different things. It can mean the process of unpacking and fixing up an apartment that Vivian

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7 Eileen Feigan, Manager for Grenadier Management Company, Interview In Person, 12 March 1991.
Morris describes. Or, it can be just a feeling, as several families interpreted the word. One woman, when asked how long it took her to feel settled responded, "I felt settled right away...As soon as I walked in the door I knew I was home." Another woman, who has experienced problems in her neighborhood, interpreted the word differently. After two years in her apartment, she responded, "I still don't feel settled here. I moved here because I was desperate to get out, and because [the shelter] made me move here. But I felt safer when I was homeless."

The two definitions of the term are interrelated. Obviously, someone who has not acquired furniture or is living out of boxes cannot feel completely settled. Conversely, someone who hates where she lives will not take additional steps--such as making friends or getting to know a neighborhood--which might oblige her to remain in this place where she is not happy.

For purposes here, I see "settling" as some amalgam of the two: both a series incremental steps--turning on the phone, registering the children in school, decorating the apartment--that a family accomplishes and a "psychological conversion" that occurs as one gains a sense of control and a feeling of stability in their new setting.

Given this definition, I was surprised by how long it takes families to "settle" in their new neighborhoods. Some require extraordinary amounts of time to accomplish small
tasks, such as turning on their phone. Others move very quickly to accomplish basic tasks, but then languish for six months to a year before moving on to more challenging objectives, such as returning to school or entering a training program. Michelle Handy, one of the individuals who said she "felt settled immediately," was in place for over a year before she considered returning to work. And Michelle is the exception: only three of the eight families I interviewed, all in place between fourteen months and two years, have participated in any activities outside the home since moving (This issue will be discussed in greater depth in the next chapter, when looking at the case record chronologies).

This is not a result of laziness or lack of motivation—as I mentioned earlier, these families were selected for the IDFP because they are the most motivated. Rather, families themselves express extreme frustration at how long it takes to accomplish new tasks. Many point to the unavailability of day care as an obstacle which prevents them from participating in self-sufficiency programs. While families receive special priority for day care while in the shelter system—many Tier II shelters operate their own programs—they lose this status on moving, and often must wait on long lists to be served. Many also experience problems with rent and with their public assistance budgets once in housing. These problems, while often not the fault of the family, make participants apprehensive about taking on additional tasks. The problems
also take time--interrupting other activities in which the person is involved. One woman who received a dispossess (an eviction notice from the city's housing court) described the many visits to the housing court, to her welfare office and to the management office required before the rent arrears problem was cleared up.

The families I interviewed described their high expectations on moving into permanent housing. They had been told that they were special and that the housing to which they were moving is the best available to the homeless. Many expected their lives to change in radical ways upon moving. They then were disappointed when change took time or when the problems which had haunted them at the shelter persisted after moving.

Observation #4: The follow-up services, as they are currently structured, have a negligible impact on rehoused families. Few clients recall needing or receiving any tangible assistance from caseworkers.

The shelter providers, as mentioned in Chapter Two, are mandated to provide follow-up visits for the family's first six months of occupancy: two visits in the first month, followed by five monthly visits (Recently, the mandated number of visits was reduced from seven to four, still in a six-month period).

The families I interviewed all received the requisite number of casework visits--which is not surprising, since I was referred to the families by the not-for-profit providers.
(As will be discussed in the next chapter, not all the agencies are performing the mandated visits). What is surprising, however, is the number of families who stated that they did not need the assistance, or that the caseworker did not provide any meaningful help during these visits. All eight families gave some variation of this response.

How do we explain this? Is it just conceit on the part of the families: the need to impress a stranger, to convince me (and themselves) that they did it on their own? Perhaps it is simply the passage of time: after two years in their apartment, they do not remember what help they received when they first moved in.

I think both these explanations are partially true. But, an additional reason for the inefficacy of the casework visits is that there is little that a caseworker can accomplish in a small number of visits spread over a six month period. The lack of client contact or of continuity between visits precludes a traditional "case management" approach to services. And yet, the clients are not experiencing enough problems to warrant a crisis management or reactive approach to services either. What is left, is a more ambiguous monitoring role that most caseworkers currently play for both their shelter and for the state.

The families I interviewed viewed the visits as social calls. Vivian Morris recalls these visits with nostalgia--an opportunity to talk; a respite from the loneliness and boredom
of living in a new and unfamiliar neighborhood. Others put up with the visits because they were mandated, but did not see them as an opportunity to access services or discuss personal problems. As one parent noted, "[the agency] set us up with an apartment...the rest is up to us."

Caseworkers expressed similar sentiments, both about the ambiguity of their role and the problem of mandated visits to a population functioning at a higher level than other relocated families and in better quality housing. Said one caseworker, "We usually have nothing to talk about after the second or third visit." Another expressed concern that the visits reinforce the type of dependency that is often fostered by living in a Tier II shelter. "You have to keep your distance at the same time you are helping," he noted. "They're the ones that will have to deal with situations once I leave...they must feel confident that they can do it on their own."

Of course, the caseworkers provide some assistance. Many supply families with information about the communities to which they are moving, write referrals to day care or to counseling and help with problems with public assistance or with rent. (A detailed breakdown of these services will be reviewed in the following chapter.) Clients relate stirring stories about being introduced to other families in their building--former referrals from the same shelter--by the caseworker. Sometimes these introductions led to friendships.
and important sources of support for the relocated family. Even if no assistance is needed or offered, most families like the idea of being visited by a caseworker from the shelter. One man I interviewed keeps a letter from the agency by the phone, in case of an emergency. "I am glad that they're still with me," he said.

Caseworkers are limited by large case loads--often carrying between thirty and sixty active cases--and by the reactive nature of their work. Women such as Vivian Morris and Michelle Handy, who are basically doing well, receive scant attention when other families on the same case load are living in substandard or unsafe housing, being threatened by eviction or have members who are dysfunctional or mentally disturbed. Caseworkers are also unfamiliar with the neighborhoods to which their clients are moving. If one of the goals of follow-up assistance is to help the clients access community services or better integrate into the neighborhood, then these goals are poorly served by a worker who is responsible for families placed citywide or who is as unfamiliar with (or scared of) a neighborhood as the client. Finally, caseworkers are limited by lack of training--many with no professional education in social work--and by the low priority follow-up assistance occupies within the shelter agency. With the exception of a few large agencies which have received service contracts to provide rehousing assistance, most shelters are not reimbursed for the services that they
provide to families who no longer reside at their facility. As will follow in the next chapter, these systemic problems with the way follow-up assistance is provided have resulted in a partial breakdown in the service agreement between the state and the not-for-profit agencies.

Observation #5: Families have little contact with housing managers. Few actually interview with managers as part of the screening process. Most families only interact with management in times of crisis.

Given that families have never lived in this sort of structured housing environment, I was surprised that participants are not required to interact more with management, if only to be informed of the rules and regulations and told of on-site amenities.

Families seldom go through a formal interview at the housing office. When I asked participants whether they interviewed for their apartment, most could only recall the briefing and certification process they encountered at the state Subsidy Services Office. Their only contact with management prior to moving in was to fill out papers in the rental office and view the apartment to which they had been referred.

And after moving in, few receive additional attention or assistance. No development I visited has a formal welcoming process for incoming tenants. None offers information about community services or about how to operate apartment
appliances. The family's only regular contact with management is their monthly trek to the office to pick up rent receipts (to confirm that direct vendor payments are up to date) and yearly inspections.

Managers I interviewed did not see anything unusual in this. They had been instructed by the state housing agency not to treat IDFP applicants differently from those on the regular waiting list. The formal screening process includes a home visit and a credit check, neither of which makes much sense for someone who is homeless and has likely never been employed. Most managers waive these checks and rely exclusively on the screening conducted by the not-for-profit providers.

But, housing companies are generally satisfied with this external selection process. Typical comments from managers included, "Why are you writing about these families...they're some of my best," and "We haven't had any problems with these tenants...you know, the same sorts of problems we might have with all the families here...playing their stereos too loud or their kids playing in the halls." One manager observed that the housing companies are already so limited in the screening they are allowed to perform—because of fair housing laws—that the shelter providers, with their informal and merit-based system, are often able to refer tenants more responsible than the typical applicant off the waiting list.

Some managers expressed concern about relinquishing
control over screening. One complained that the DHCR made it very difficult to turn down applicants, even when there was a legitimate grounds for refusal: "[The housing agency] told me that if I wanted to turn down the applicant, I would have to submit my reasons to them in writing. That's just their style...you can bet that they never respond to anything they say in writing!" Another, who prefers to interview applicants in person, continues to exercise limited control over the screening process:

My gut feelings would not be enough to turn someone down. Now that doesn't mean that I won't follow-up on someone if it doesn't feel right. There was one man who was referred through the program who I and several of the other staff here thought appeared to be on drugs. In that case, I called the agency that referred him to express my concerns. It turns out that he wasn't a substance abuser at all, but was on medication. It made us feel better to have checked.

Housing companies are also dissuaded by the state from maintaining separate tracking for the IDFP participants. Most managers know which tenants are participants--if only informally. One said she is able to identify the IDFP tenants because their rent subsidy comes from a separate source and she sees the tenants' names regularly on these checks. I assume that management maintains a list of families, if only to know when a building reaches the five percent cap, but no manager confirmed the presence of such a list.

8 Feigan.

9 Rosalyn Barrie, Manager of Castleton Park Apartments, Interview By Phone, 16 April 1991.
This then raises an important question: How do the managers know that the IDFP participants are doing well if they do not maintain separate records of their performance? Perhaps in the state agency's vigilance to protect the rights and privacy of participants, they have lost the opportunity monitor program outcomes. The three managers I was referred to by the DHCR to interview were unsure whether they were responsible for reporting to the state if a family moves out or is evicted. None saw their responsibilities to participants as extending beyond the initial offer of an apartment.

Observation #6: Most families are not familiar with the neighborhoods in which they are living.

When families are referred to the IDFP, they fill out a form which allows them to choose the neighborhood in which they would prefer to live. The agency then tries to match vacancies with these requests. Unfortunately, families are seldom matched with the neighborhood that they request. Of the eight families I interviewed, none moved to the neighborhood they had requested, though most were relocated in their borough of choice.

Part of the difficulty in matching families with buildings is that the agency cannot predict where vacancies will next appear. If a family has requested Brooklyn, but all that is currently available are apartments in the Bronx or in
Far Rockaway, should the family wait? Should they ask to be referred to another housing program? Or should they try their luck and view the available apartments, even if they are in neighborhoods which they are not familiar? Given the choice, most families opt to view any available apartments. "When I came to see this apartment," recalls one woman who moved to a neighborhood with which she was not familiar, "I figured that [the housing specialist] knew everything...besides, I was dying to get out of the shelter." Some families mentioned feeling pressured by the service provider to accept their apartment. While participants are informed by the state that they are allowed a choice of three apartments, none of the eight families I interviewed saw more than one.

Surely, it would be impractical to attempt to refer every applicant to the neighborhood where they once lived. Many Mitchell-Lama developments are on urban renewal sites and themselves make up entire neighborhoods (consider River Park Towers, cut off from the Bronx by the Major Deegan Expressway or developments on Roosevelt Island and in Arverne). Some families do not want to return to their neighborhood of origin. Vivian Morris viewed the IDFP as an opportunity to "put [her] old ways behind her." Victims of domestic violence must be able to shield themselves from their batterer. And, of course, some families have experienced so much dislocation that there is no neighborhood that they strongly identify with.
However, for those families that do have some place they can call home, rehousing them in their neighborhood of origin would provide important social supports and help to stabilize families after long periods of dislocation. In the attempt to place families as quickly as possible, the importance of matching families with neighborhoods has received low priority.

Observation #7: Few families have established strong ties in their new neighborhoods. This lack of social supports may have long term consequences both in terms of a family's ability to respond to crisis and to move towards self-sufficiency.

One measure of how well a family has integrated into a community is its "connectedness" to neighbors: the number of tenants in a building that a family has met or can rely on in a time of crisis; the ability of a family to participate in social organizations in a building or neighborhood, such as tenants associations, churches and community groups; the familiarity of a family with the name of its neighborhood, with its boundaries or its collective history as defined by residents.

By this definition, few of the families I interviewed can be said to have integrated into their new neighborhoods. Most know only one or perhaps two of their neighbors after fourteen months to two years of residency. Few participate in other activities in their area. Although many cite the presence of a tenants association in their buildings, only one participant
ever attended a meeting. Many have children who attend school or pre-school in the surrounding neighborhood, but again no one I interviewed considered participating in their child's schooling. Like Nadia Rodriguez, who was oblivious of the nearby Bronx Zoo, families know their neighborhood well enough to locate their child's school and the local food store, but no better. This isolation, both geographic and social, was perhaps the most striking observation that surfaced during my week of interviews with families.

But, what does it mean? Perhaps living a private life among strangers is commonplace in contemporary society, or at least in New York City. How many of us know or socialize with our neighbors? How many of us belong to voluntary organizations in our neighborhoods? I may be applying unreasonably high standards in evaluating participants' success at resettling.

The buildings and communities where families are moving also may not be conducive to the type of group interaction which I describe. Sociologist Lee Rainwater, writing in the late sixties, observed that families living in unsafe buildings and neighborhoods tend to compensate for these dangers by "locking out" possible human and non-human threats. The home then becomes a "haven" in an insecure world. "Thus, at the cost perhaps of increased isolation," notes Rainwater,

...[residents] sometimes place a great deal of value on privacy and on living a quiet life behind the locked doors of their apartments. When the apartment itself seems safe it allows the family to
begin to elaborate a home to maximize coziness, comfortable enclosure, and lack of exposure. Where, as in St. Louis [at the ill-fated Pruitt Igoe project], the laundry rooms seem unsafe places, tenants tend to prefer to do their laundry in their homes, sacrificing the possibility of neighborly interactions to gain a greater sense of security of person and property. ¹⁰

Many of the families I interviewed perceive their buildings and neighborhoods as unsafe. I do not know whether these fears are exaggerated because families are not familiar with an area, or whether they are grounded in experience. However, it is clear that participants have compensated for this perceived danger by leading a more reclusive life.

For most of us, living in seclusion from our neighbors would not present a problem. Many of us have jobs or attend school and derive some sense of community from these interactions. Family may live nearby or be available by phone. And most people can name a half dozen friends with whom they interact regularly or can rely on in a time of crisis.

Few of the families I interviewed could match this inventory of social supports. Six of the eight could name only one or two people that they can call if they experience a problem. Only three of the eight participate in an activity outside the home--work, school, training, or volunteering--which might bring them in contact with others. And, only one

person was engaged in a formal counseling program. Those, like Michelle Handy, who benefit from the support of friends and an extended family, are uncommon among IDFP participants. And even in Michelle's case, the relationships were made prior to the onset of homelessness. Few families have developed strong and lasting friendships since their move to permanent housing.

For a single woman raising a family in an unfamiliar neighborhood, this lack of social support can have serious long-term consequences. In a growing body of literature, social support is positively linked with longevity and the ability to cope with stress and negatively related to burn-out in high-stress jobs, depression and psychological disorders.¹¹

Of course it is easy to be facile about social support. Not all relationships are supportive. Certainly, a woman involved in an abusive relationship would be better off without her significant other. Also, it is unclear whether more social supports are always better, or alternatively, whether the marginal benefit of each additional support reaches zero eventually. Finally, supports do not have to be utilized in order to be helpful. Perceived supports—as in the case of the man who keeps the phone number of the service

agency by his telephone--can sometimes be as therapeutic as enacted supports.

What is clear, however, is that it is not wise or healthy for a single parent trying to raise a family to "go it alone." "When you meet someone who tells you they 'keep to themselves,'" says Dr. Ellen Bassuk, a researcher on family homelessness, "you know there is eventually going to be trouble. That tough-guy routine only works for a while." Bassuk recommends a variety of strategies aimed at reconnecting clients with friends and family after resettlement and at establishing new supports. One model of services she points to is the "Family Support Center," a modern version of the age-old settlement house. 12

The Family Support Center is a neighborhood-based non-residential center providing a variety of services for local residents: day care, parenting classes, peer group support as well as case management and referrals for special needs. The Support Center concept differs from the model of services currently available to homeless and rehoused families: it fosters informal (or neighborly) supports while providing formal support; it offers services to all neighborhood residents, and so allows homeless families to receive support in a less stigmatizing atmosphere; finally, it is community-based and reflects the cultural and ethnic orientation of the locality and serves as a foundation for empowering local

residents.\textsuperscript{13} The Support Center model, and off shoots of it like the Edna McConnell Clark Foundation Intensive Case Management Program in New York City,\textsuperscript{14} is receiving increasing attention from social researchers because of its focus on prevention and its ecological or "holistic" approach to service provision (i.e. viewing the child as part of a family unit and the household as part of a community rather that serving each in isolation).

However, in the absence of a structured support program, families manage on their own to make some friends and identify other informal supports. Two women I interviewed met friends through their children's school. Another belongs to a local church. In two cases, a client was introduced by her caseworker to another family originally from the same shelter who resided in her building. The "veteran" family then became an important source of assistance for the newly rehoused family.

A number of service providers have begun offering "community peer support groups" for former residents, either at the shelter or in a neighborhood location. Two of the eight families I interviewed had attended sessions of these groups. As I noted earlier, families recall their stay at the Tier II shelter with warmth and nostalgia; for some,

\textsuperscript{13} Bassuk, et. al. (eds.) 83.

\textsuperscript{14} Notkin.
sponsorship by the not-for-profit agency is enough of a hook for them to attend.

In the conclusion, I will discuss ways in which these informal mechanisms for establishing support might be institutionalized.
Chapter Four--Data Analysis

In the last chapter, I made a number of observations about the IDFP based on interviews with program participants, agency administrators, managers and service providers. In Chapter Four, I will again draw upon these observations while examining data collected about the program by the State Division of Housing.

The IDFP differs from most rehousing programs in New York City in that it has been extremely well-documented. Few rehousing programs, as I mentioned, mandate follow-up services by the shelter provider. A consequence of the IDFP's required home visits is a store of case records maintained by the state which chronicle the participant's first months in housing. While as many as twenty-seven thousand families have been rehoused by the city since the mid-eighties, through up to a dozen different housing programs,¹ no city agency tracks the whereabouts or success at resettling of formerly homeless families. The state, in contrast, maintains records on each IDFP tenant. And, since most participants receive a Section 8 rental voucher, the families are monitored and visited for years after the formal tracking process of six months. One objective of this thesis is to portray the value of this data for future social research.

In this chapter, I will answer a number of questions about the rehousing program which were raised in the last chapter: How do participants differ from other homeless families sheltered by the city? Where have the IDFP families moved? What has been the experience of families on moving to permanent housing? What type of services have they received? How many participants are still in place? My observations in Chapter Three were somewhat speculative, based on interviews with a small and unrepresentative sample of families. In this chapter, I will complement this qualitative information about the program with an analysis of data drawn from the state records.

The chapter is divided into four sections. In the first section, I describe the methodology used in analyzing the Section 8 database and family case records, paying particular attention to the strengths and weaknesses of the content analysis method. In the next section, I provide a brief profile of the study families: Who are they? Where have they moved? How long have they lived in permanent housing? This section will be followed by a more lengthy analysis of the family case records, including a discussion of problems experienced by families, typical interventions by caseworkers and activities in which family members participate in the months following relocation. In the final section, I address the issue of recidivism in this rehousing program. The IDFP has an extraordinarily low rate of turnover among
participating families: as many as 98 percent of the families are still in their apartments an average of two years after resettlement. How does this figure compare with other rehousing programs? What factors explain the IDFP's success at retaining program participants?

4.1 Methodology

Sampling

Approximately 520 families have been relocated to permanent housing since the first placements were made as part of a pilot program in late 1987. A random sample of 50 cases was drawn from a master list of participants. Three small subgroups were excluded from the sample: families in place less than six months, referrals from domestic violence shelters (who, while similar in characteristics to other IDFP tenants, were not part of the study population) and placements made outside New York City, primarily in Westchester County. Together, these three excluded subgroups comprise 70 of the 520 placements. The sample of 50 families was drawn from the remaining pool of roughly 450 cases. Each case in the sample represents approximately nine participants in the program.

Data Sources

A database was then constructed, drawing on records from three different sources:

1) Section 8 database: The DHCR Subsidy Services office maintains a computer database of all participants in the
rental voucher program. Pertinent information on file includes family composition, race and ethnicity, the age of family members, move-in date, placement location, rent amount and the family's source of income. This database is updated regularly, and presumably reflects changes in income or in family composition which surface during yearly tenant recertification.

The Subsidy Services office was able to match 37 of the 50 case names with data records. The missing cases reflect either misspelling of case names or use of a different surname which resulted in no match, the one family out of the 50 who is no longer in place and whose case had been removed from the database and a small number of families who moved into their Mitchell-Lama apartment with a New York City Housing Authority rather than the DHCR rental voucher.2

2) Family Case Records: After each mandated home visit, the service provider fills out a "Monthly NFP Report" and mails it to the State Department of Social Services, which makes a copy and mails the original to the DHCR. The reports detail the family's progress at settling, discussing problems experienced by the family, activities in which parents and children are participating and any interventions made by the caseworker. The length and content of reports varies considerably by caseworker. (The methodological problems raised in interpreting the case records are discussed below.)

Service providers are required to visit the families seven times: twice in the first month, followed by five consecutive monthly visits. The records, then, provide a detailed chronology of the family's first half year in housing.

Unfortunately, many of the sampled files were not complete. Fifteen contained no records at all, and only fifteen of the remaining thirty-five cases were technically complete (where the case has deliberately been closed after the requisite six months of visits). I interpret missing records to mean that a family was not visited. Of course, alternative explanations are also plausible: that the visits were performed but the paperwork was never completed or that the files were lost. However, given the systemic problems with follow-

2 For a brief period in 1989, the state, which had run out of rental vouchers, turned to NYCHA for assistance. Approximately 50 of the 450 participants were placed using NYCHA vouchers.
up discussed earlier, I think that families were simply not visited in most cases.

3) Management Case Logs: The Management Services office at the DHCR also keeps records on the IDFP participants: specifically, complaints by managers to the agency about a particular client and records on move-outs and evictions. For this study, the list of fifty families was matched against agency logs for instances where a client is no longer in place. As I mentioned above, the instances of "recycling" are astoundingly low: only one of the fifty families has moved, according to agency records.

For each of the above sources, the names and other identifying information about the families (such as apartment and AFDC case number) were removed, and cases were assigned a number which was used to link the databases when assembling the master file. While the first and third sources of data were easily quantified, the family case records required coding in order to be useful for statistical analysis. I performed a content analysis on the 168 case records (35 families times approximately 4.5 visits per family) to convert them to a useable format.

Content Analysis

Content analysis is a method commonly used in social research for the analysis of existing and often qualitative data: historical documents, political speeches, even children's television programming (which has been scrutinized over the years for the presence of violence). The method has a number of advantages over other forms of social inquiry. For one, it is quick and inexpensive to perform. Since it relies on the analysis of existing data, content analysis can
be carried out without designing and administering a survey or spending months in the field getting to know the data subjects. The method is also unobtrusive, and so might reveal qualities about the subjects or the nature of their interaction that would not surface in a direct interview.³

The IDFP case records provide a chronology of events which surfaced in home visits during the early months after resettlement. This information documents not only what events occurred six months to three years ago, but also what order the events occurred and the types of interventions the caseworkers made at the time. Presumably, such a detailed history would be difficult to recall in an interview. In addition, both families and caseworkers might be tempted to reconstruct events, to present themselves or their client or caseworker in a better light. For example, the finding that 30 percent of families did not receive home visits would probably not have surfaced in an interview with service providers.

Content analysis also has a number of disadvantages over other methods. One, of course, is that the analysis is only as good as the quality of the existing data. Caseworkers received little guidance in how to fill out the case records. Some workers with a more clinical bent wrote detailed statements about their client's state of mind, the dynamics of


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family interaction and their client's adherence to a service plan. Others merely noted that a visit occurred, while mentioning problems as they surfaced. This uneven quality of the case records made it difficult to develop categories and to code the records. Caseworkers also failed to record certain events—such as the client's ability to access day care—which I had hoped to discuss in the study. They sometimes were not precise in their use of language—confusing a dispossess, which is an eviction notice from the city's Housing Court, with a 10-day late rent notice from management, or referring to someone as "depressed," without describing what they mean: a little down or clinically depressed.

Coding of the Case Records

Perhaps the most problematic aspect of content analysis is the issue of coding. Converting qualitative material, say a Saturday morning cartoon, into a case file documenting the instances and the intensity of violence requires a system of coding that meets rigorous standards of reliability and of validity. Reliability refers to whether a particular technique, repeatedly applied to the same object, would yield the same results each time. For example, do researchers code an event, such as a coyote getting run over by a steamroller, the same way each time? Validity, in contrast, refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. Does a scene in which a coyote gets run over by a steamroller connote an
act of violence? In other words, an event may be coded properly each time it occurs (high in reliability), but it may not measure what the researchers had intended (low in validity).

Luckily, the issues raised in coding the IDFP case records are less complex. Appendix Two contains the coding system used in analyzing the 168 case records. In developing the code, I first read through the case records and mapped out a general framework of what occurred during visits. Briefly, each case record documents an inventory of problems experienced by a family, a series of interventions by a caseworker and a list of activities in which the head of household is participating. While many records strayed from this format, the pattern was common enough to use it as a guide in coding. I then disaggregated problems, interventions and family activities into numerous categories and subcategories, reasoning that I could always recombine categories at a later stage. Finally, I pretested the coding scheme on a small sample of the records.

The actual coding of the case records was relatively straightforward. Only a few of the categories required any subjective judgement—such as distinguishing between a "major" and a "minor" repair problem or a "major" and a "minor" illness, or deciding whether to code a case "depressed/lonely" based on the description of the client by the caseworker. The coding system benefits from high reliability as most events,
such as a rent or public assistance problem, require no interpretation. There is little doubt whether these events occurred. Whether the occurrence of these problems provides an operational definition of the level of stress experienced by families--that is, the more problems, the higher the stress--is a topic that will be discussed later in the chapter.

4.2 Profile of the Study Families

Demographics
The IDFP participants tend to be older and their families slightly smaller than comparison families in the city shelter system; in other measurable ways the populations are similar (Table 4.1). The average IDFP household is made up of a 31-year-old single woman with two children under the age of ten. Approximately 84 percent of IDFP households are headed by a single adult, compared to 86 percent of households in the shelter population. The average number of children is 2.04, compared to 2.3 in the shelter population, while the average age of children is 6.9 years and 6 years respectively. Because the head of household is 4 years older in the IDFP family (31 years compared to 27 years), the relative difference in number and age of children is actually larger than presented here. Finally, the racial and ethnic background of participants and the comparison group are almost

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identical: 95 percent Black or Hispanic, 5 percent white.

The Section 8 database contains no historical information about IDFP participants, such as the reason for homelessness, the level of education or work experience or the length of time in the shelter system. This information would be useful in examining whether service providers "cream" and to what extent, and in describing which factors are related to success in housing.

As I suggested in the last chapter, other less measurable factors, such as motivation or an ability to "work the system", may also differentiate IDFP participants from the general shelter population.

<table>
<thead>
<tr>
<th>Description</th>
<th>IDFP Participants</th>
<th>NYC Shelter Population *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age, Head of Hsld.</td>
<td>31 yrs.</td>
<td>27 yrs.</td>
</tr>
<tr>
<td>Range</td>
<td>19-49 yrs</td>
<td>----</td>
</tr>
<tr>
<td>% Female Head of Hsld.</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>Avg. # of Children</td>
<td>2.04</td>
<td>2.3</td>
</tr>
<tr>
<td>Avg. Age of Children</td>
<td>6.9</td>
<td>6</td>
</tr>
<tr>
<td>% Children Under 5</td>
<td>36%</td>
<td>50%</td>
</tr>
<tr>
<td>% Black or Hispanic</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>% White</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Placement Locations

Families have been placed throughout the five boroughs; however, they tend to be concentrated in two areas of the city: Coney Island and the South Bronx (Figure 4.1). In all, 60.5 percent of families (n=23) have been relocated to these two neighborhoods. If East New York and Arverne are added to this list, then 78.9 percent of families (n=30) are accounted for. The remaining 21.1 percent of families (n=8) are dispersed in several locations in Manhattan, in the Northeast and Northwest Bronx, in Central Brooklyn and on Staten Island.

The reason for this concentration, as I alluded to earlier, is the higher turnover rate in some developments, predominantly those in low-income minority neighborhoods. While 46 housing developments are affected by the state emergency order, only 22 are represented in the sample distribution, and several of these share the same neighborhood boundaries, such as Coney Island and the South Bronx. The highest concentration of families in any one development is eight, followed by three placed in one development and two placed in six developments.

Only 10.5 percent of the families (n=4) have moved to economically integrated neighborhoods (including St. George in Staten Island, the Upper West Side of Manhattan and the Northwest and Northeast Bronx). Presumably, few Mitchell-Lama developments are located in such neighborhoods, since most are
Figure 4.1--IDFP Placements By Neighborhood
developed on urban renewal land or in the areas least resistant to subsidized housing. Without more information from the housing agency about the location of state-subsidized developments, it is impossible to know how many developments exist in relatively middle-income neighborhoods and whether owners of these developments are complying with the emergency order.

I also have no information about the tenant composition of individual Mitchell-Lama developments. While the tenant population in Mitchell-Lama rental housing is diverse, both in terms of race and class, the developments themselves tend to be extremely segregated. Most of the IDFP participants, it appears, are ending up in buildings occupied by poor and predominately minority residents.

Still, it would be helpful to know how much income-mixing is occurring in a development, and its effect on the IDFP participant. As I mentioned in the last chapter, the percentage of subsidized tenants by development varies enormously. It is clear that at least some of the participants' neighbors work at well-paying jobs, given the average Fair Market Rent in these developments (approximately $600 for a two-bedroom apartment).

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Timing of Placements

The mean time participants in the sample have been in Mitchell-Lama housing is just under two years, with the most recent placement being eight months ago and the earliest placement over three and a half years ago (in October 1987). However, most families (81 percent, n=39) were relocated during an eleven month period between December 1988 and November 1989 (Figure 4.2).

The rate and scale of placements is affected by four interrelated factors: changes in state and city policy, the availability of apartments, the availability of rental vouchers and the number of referrals by Tier II shelters.

The first placements in 1987 were part of a small demonstration program. It was not until July 1988 that the State Commissioner of Housing signed the first emergency order, and another six months before the infrastructure--staff, rental vouchers, apartments--was in place to begin a large scale relocation program. The gap in placements between March and July 1989 may have been the result of a lack of rental vouchers: sometime during this period, the state entered into an agreement with the New York City Housing Authority (NYCHA) to access city rental vouchers for IDFP participants. Another possible explanation is that the first emergency order was to expire in July, and staff waited for its renewal before again placing families. Finally, the
number of placements dropped precipitously after October 1989, the result, I believe, of a reduction in the number of referrals by Tier II shelters.

In late 1989, the city increased its efforts to close the welfare hotels by rehousing a record number of families both from hotels and from Tier II shelters (which cleared room for additional hotel families). One indication of this effort was the increasingly lax eligibility requirements for most city housing programs. Over a two year period, from early 1988 to late 1989, the Koch administration announced reductions in the length of stay requirement in the shelter system to qualify for permanent housing, from eighteen months, to twelve months, to six months and finally to three months in late 1989. Shelter providers responded to this change in city policy by referring fewer families to the state housing program. One reason for their decision was that it took much longer to rehouse families through the IDFP than through other housing programs, some offering comparable apartments. The average wait between the interview at the state Subsidy Services office and the actual move-in date was three and a half months, according to Section 8 records. Considering that the family may already have waited for between one and two months between the time they were selected for the program by their shelter and the interview with Subsidy Services, five months would have elapsed. Most city programs, including the Special Initiatives Program (SIP) and the New York City Housing
Authority, were screening families and relocating them in a week's time. Another reason that shelter providers reduced their referrals to the IDFP was the follow-up requirement imposed by the state. With so much other "good" housing available from late 1989-on, it made little sense to participate in a program whose terms were more onerous than other programs.

The state agency was caught off-guard by this slowdown in referrals. When I began interviewing staff to prepare for this project in mid-1990, the most common problem cited, after
the mixed quality of follow-up services, was that Tier II shelters were not referring enough families.

However, it appears that the number of placements is again on the rise. (Since one of my criteria for selecting case families was that they be in place at least six months, the data does not indicate recent referrals.) In the last six months, the number of placements has increased from five hundred to approximately six hundred families, according to agency staff. The increase in referrals to the IDFP may again be the result of changes in city policy. Concerned about the rise of families entering the shelter system and the possible perverse incentives created by its rehousing programs, the Dinkins administration has increased the length of stay requirement to nine months for city-owned in-rem apartments and one year for project apartments, and has barred homeless families from some housing programs altogether.5 These changes may have increased the appeal of the IDFP which has no length of stay requirement.

4.3 Initial Experiences in Housing: The Case Record Data

The following section is based on the analysis of 168 follow-up reports submitted by not-for-profit agencies to the DHCR. I used the content analysis method described above in

quantifying the reports. This section is divided into three parts: an analysis of problems experienced by families in the early months of resettlement; a discussion of follow-up services by not-for-profit agencies; and finally, a breakdown of the type of activities that family members are participating in during the case record period.

Problems Experienced by Families

The case records reveal an extraordinary number of problems experienced by families after resettlement. Most of these can be classified as "institutional" problems--such as difficulties with arranging the direct vendor rent payments or with adjusting welfare budgets after moving--rather then personal or client-precipitated problems. Of the total number of problems experienced by participants (n=125), the most common were: rent (24 percent, n=30), public assistance (19.2 percent, n=24), furniture (11.2 percent, n=14), health (9.6 percent, n=12), general depression (5.6 percent, n=7) and repairs (5.6 percent, n=7) (Figure 4.3).

a) Rent Problems

Most families (54.3 percent, n=19) experienced at least one rent problem during the case record period. The most common reason for rent arrears was difficulties with the direct vendor checks from the client's Income Maintenance Center. In all, 40 percent of the rent complaints (12 out of 30) fell into this category (Table 4.2).
Ironically, the direct vendor payment system is designed to reduce the incidence of rent arrears for public assistance recipients. Under the payment plan, a tenant's rent is mailed directly from the city's Human Resources Administration (HRA) to the landlord in bimonthly checks. While the system is voluntary or reserved for "problem rent payers," the DHCR has required all IDFP participants to agree to have their rent paid by direct vendor, perhaps to assuage the concerns of housing managers.

Figure 4.3--Incidence of Problems by Category

Source: Analysis by author of data from the Involuntarily Displaced Families Program supplied by the New York State Division of Housing and Community Renewal.
Table 4.2--Summary of Rent Problems

<table>
<thead>
<tr>
<th>Description</th>
<th>% of Cases</th>
<th># of Cases</th>
<th>Avg. Time For Problem to Surface</th>
<th>Avg. Time to Resolve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Vendor/ Pub. Asst. Error</td>
<td>34.3%</td>
<td>12</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Mgmt. Error</td>
<td>17.1%</td>
<td>6</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Sec. 8 Error</td>
<td>8.6%</td>
<td>3</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Client Misspent</td>
<td>8.6%</td>
<td>3</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Dispossess or 10-Day Notice</td>
<td>17.1%</td>
<td>6</td>
<td>6.9 Months</td>
<td>----</td>
</tr>
<tr>
<td>Total With Rent Problems (excluding overlap) *</td>
<td>54.3%</td>
<td>19</td>
<td>4.4 Months</td>
<td>1.9 Months</td>
</tr>
<tr>
<td>Total +</td>
<td>100%</td>
<td>35</td>
<td>-----</td>
<td>----</td>
</tr>
</tbody>
</table>

* percent experiencing at least one problem
* does not sum to 100 percent because of multiple problems reported

Source: Analysis by author of data from the Involuntarily Displaced Families Program supplied by the New York State Division of Housing and Community Renewal.

However, the system has several problems. For one, tenants do not receive a receipt or notice that their rent has been paid. Since direct vendor takes the process of rent payment out of the hands of the tenant, some families believe, wrongly, that they are not responsible if a problem occurs. Many are shocked to receive a rent arrears notice or dispossess, when they thought their rent had been paid all along. Notes one recent report citing the problems with direct vendor payment, "However disturbing an eviction notice is for a settled family, the trauma is magnified for families
who have recently escaped homelessness." Logistical snafus are particularly high in Mitchell-Lama developments because of the size of the housing companies, many collecting rent for several developments constituting thousands of apartments. In addition, some managers have had little experience with tenants who receive public assistance. They may require the entire month's rent at the beginning of the month, a problem for tenants on HRA's bimonthly system, resulting in regular late-rent notices to the tenant. Or they may hold on to security or last month's rent checks without cashing them, causing the checks to go "stale" and the tenant to have to again renegotiate rent with her welfare caseworker. Finally, many families resent that they are "not trusted" with paying their own rent, particularly in light of the number of problems caused by direct vendor payment. They reason that if they were responsible enough to be selected for the IDFP, then they should be responsible enough to pay and monitor their own rent.

Other causes of rent arrears included: errors on the part of management (17.1 percent, n=6); problems with the Section 8 payments (8.6 percent, n=3); and tenants who mistakenly think they are on direct vendor, but are not (because of an administrative error), and so spend their rent money on other things (8.6 percent, n=3). This last scenario is plausible because of the way a client's welfare budget is readjusted on

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6 Notkin 30.
moving to permanent housing. Specifically, when a family leaves the shelter, its budget is readjusted: "restaurant allowance," a benefit for homeless families without cooking facilities at their shelter, is removed from their budget and rent is added. A client not aware of these changes could easily mistake her rent for restaurant allowance, as it comes in one lump sum.

Of the nineteen families who experienced rent arrears, six received a dispossess or a 10-day notice. (A dispossess, as I noted earlier, is a non-payment eviction notice from the city's housing court, while a 10-day notice is a letter of intent from management which precedes the filing in housing court.) In all, 17.1 percent of the case study population experienced this more severe form of rent arrears. However, in no case during the study period did this problem result in eviction.

Rent problems surfaced on average 4.4 months after the tenant took occupancy. This does not mean that the arrears, whatever its cause, began at that time, but rather that the tenant or the caseworker was alerted to it then. In most cases, the problem originated at the time of move-in. Families received a dispossess or 10-day notice on average 6.9 months into their tenancy. For those cases in which the rent problem was resolved during the case record period (n=4), it required, on average, 1.9 months from onset to resolution of the problem.
b) Public Assistance Problems

The second most common problem reported in the case records was difficulties related to public assistance. Seventeen families (48.6 percent) experienced at least one public assistance problem during the study period (Table 4.3).

Of course, all families on welfare encounter some difficulties during their period of assistance. A recent survey of welfare recipients found that 44.5 percent experienced at least one case closing during their entire history of assistance; as many as 23.5 percent experienced a case closing in the last two years.\(^7\) Many fall prey to "churning," a practice whereby the welfare agency attempts to "clear its rolls" by periodically closing welfare cases for administrative reasons.\(^8\) The form this took in New York City was the mailing of a "survey" to recipients several times a year. While the information requested in the form was unimportant, if the survey was not returned to the agency, the client's welfare case would be closed. This practice was recently abolished in the city, because of its possible contribution to family instability and homelessness.

Families moving from shelters to permanent housing, and particularly the IDFP participants because of the special handling of their cases, are especially prone to administrative problems with their cases. Typically, when a

\(^7\) Knickman and Weitzman 22.
\(^8\) Kozol 103.
### Table 4.3--Summary of Public Assistance Problems

<table>
<thead>
<tr>
<th>Description</th>
<th>% of Cases</th>
<th># of Cases</th>
<th>Avg. Time For Problem To Surface</th>
<th>Avg. Time To Resolve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Incorrect</td>
<td>25.7%</td>
<td>9</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>No Medicaid</td>
<td>14.3%</td>
<td>5</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Recoupment</td>
<td>11.4%</td>
<td>4</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Case Closing</td>
<td>11.4%</td>
<td>4</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Sanctioning</td>
<td>5.7%</td>
<td>2</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Total With PA Problems</td>
<td>48.6%</td>
<td>17</td>
<td>2.9 Months</td>
<td>2.1 Months</td>
</tr>
<tr>
<td>(excluding overlap) *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total +</td>
<td>100%</td>
<td>35</td>
<td>----</td>
<td>----</td>
</tr>
</tbody>
</table>

* percent experiencing at least one public assistance problem
+ Does not sum to 100 percent because of multiple problems reported

Source: Analysis by author of data from the Involuntarily Displaced Families Program supplied by the New York State Division of Housing and Community Renewal.

Family moves from a shelter to permanent housing, several actions are supposed to occur. First, after bringing an apartment lease to her income maintenance worker, the client is supposed to receive checks for first and last month's rent and security and for emergency furniture. The caseworker is supposed to make a note of the move-in date, so that she knows when to change the client's address on the case record and readjust the budget, as described earlier. Finally, if rent is to be paid direct vendor, the caseworker must fill-out a form which sets this process in motion.
These steps are seldom performed correctly or in a timely fashion by the income maintenance worker, who carries a caseload of as many as two hundred clients. In the case study population, 25.7 percent (n=9) reported instances where their budget either had not been readjusted or had been adjusted incorrectly. Others experienced difficulty obtaining Medicaid coverage (14.3 percent, n=5), or weathered a case closing (11.4 percent, n=4) or recoupment (a reduction in benefits because of an overpayment or because the client misspent agency money)(11.4 percent, n=4). Finally, 5.7 percent of families (n=2) were "sanctioned" by HRA during the case record period, resulting in a reduction in benefits. Sanctioning is a punitive measure applied to clients who do not follow administrative procedures, for example, refusing to attend a workfare program when it is mandated.

Obviously, there is some overlap in these percentages. If a worker fails to readjust a client's budget and the client unknowingly spends that portion of the grant for which they are no longer eligible (such as restaurant allowance), then the client is eventually recouped, and so experiences two problems. Of the seventeen families who encountered administrative difficulties with public assistance, five (14.3 percent of the surveyed client population) experienced two problems and one (2.9 percent) experienced three problems.

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9 Notkin 41.
These problems surface on average 2.9 months after a family takes occupancy, with 35.2 percent of the difficulties (n=6) coming to light in the first month. Like rent arrears, public assistance problems take time to resolve. Of those cases with problems which were settled during the follow-up period (n=6), it required on average 2.1 months from onset to the resolution of the problem.

Reading the case records, one senses the frustration of both recipients and caseworkers in trying to ascertain what went wrong, and who is to blame. In one example, staff of the State Department of Social Services process the rent and furniture checks for participants in order to expedite the move-out and avoid contact with HRA, which they view as mistake-prone. (This direct client contact is a very unusual; the state agency generally assists clients indirectly through a local social service provider.) However, the result of good intentions is additional confusion. Sometimes the city worker is left in the dark about the client's whereabouts, and so does not change the client's address or readjust her budget. The service providers I spoke with thought that IDFP participants experience more problems with public assistance than other clients because of this added complexity, despite the additional help from the state.

c) Lack of Furniture

Many caseworkers noted that their families require additional furniture. In all, 34.3 percent of the cases
(n=12) included this comment. This does not mean that families required "essential" pieces, such as beds or a kitchen table, but rather that their client's apartments seemed bare. Only 5.7 percent of the cases (n=2) noted the need for additional beds (Table 4.4).

Most families leave their belongings behind when they enter the shelter system, or have little to begin with. And the HRA grant to refurnish an apartment is woefully insufficient. A family usually moves into an apartment with little more than the required beds and a kitchen set. Notes one rehousing study,

Furniture [is] another systemic problem that especially work[s] against the fragile transitional process for formerly homeless families. Calculated by room, welfare furniture allowances range from $182 for a living room to $6 for a bathroom, clearly insufficient for purchasing well-made, sturdy pieces. Sofa acquired by several families had protruding springs and stuffing; chairs had broken legs. While any family would be disappointed if its new furniture arrived in disrepair, the effect is even more troubling for a family that has gone without its own furnishings for months or even years.  

Perhaps the lack of furniture is more apparent for IDFP tenants because of the size of most Mitchell-Lama apartments, designed originally for middle-income tenants. One caseworker described her client as "rattling around" in her large, sparsely furnished apartment.

d) Health Problems

About a third of the families (34.3 percent, n=12) experienced some illness during the case record period. If
pregnancy is included as a factor, then 37.1 percent (n=13) of families experienced health difficulties. Three families (8.6 percent) witnessed births during this period.

In coding the monthly reports, I distinguished between "major" health incidents or conditions, such as a stroke, cancer or complications during pregnancy, and "minor" incidents or conditions, such as chronic asthma. In all, 14.3 percent of families (n=5) experienced major illnesses and 20 percent (n=7) experienced minor health difficulties during the case record period.

Families living in poverty suffer from more chronic and acute illness than the general population. For those who have experienced bouts of homelessness, the contrast is even more severe.11 A study of sixty formerly-homeless families conducted by the Settlement Housing Fund in New York City found that almost half the households surveyed reported a health condition of one or more family members which required ongoing medical attention. Over 30 percent of the families reported children who suffered from asthma. And 23 percent of the adult heads of families had a chronic health condition which required ongoing medical attention. Several adults suffered from hypertension. Other illnesses included arthritis, lupus, anemia, heart disease, headaches, backaches and emphysema.12

11 Bassuk, et. al. (eds.), Chap. 7.
12 Settlement Housing Fund 20-21.
e) Depression

A number of the case records referred to families as being "depressed" or "lonely". As I mentioned above, I do not know whether this is a casual reference to someone who is "feeling down," or if this represents something more severe, such as clinically-defined depression. (Since most caseworkers are not professionally-trained social workers, they are not qualified to make such a diagnosis in any case.) I only note it here because it appeared as a pattern in the records. Twenty percent of families (n=7) were labeled "depressed" or "lonely" during the case record period.

The incidence of this condition was most common during the first two months of occupancy, with three cases cited, and on average occurred three months into tenancy.

f) Repair Problems

Finally, repairs were cited by caseworkers as a common problems during the follow-up period. Twenty percent (n=7) of families experienced some problem with their apartment, with most of these (n=5) being minor, such as a leaky faucet or missing baseboard. Only 5.7 percent of families (n=2) experienced what I categorized as "major" repair problems, which included lack of heat and serious water damage from a ceiling leak. In all cases, the condition was not caused by the tenant and was quickly responded to by management.
Table 4.4--Commonly Reported Problems

<table>
<thead>
<tr>
<th>Description</th>
<th>% of Cases</th>
<th># of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>54.3%</td>
<td>19</td>
</tr>
<tr>
<td>Public Asst.</td>
<td>48.6%</td>
<td>17</td>
</tr>
<tr>
<td>Furniture</td>
<td>34.3%</td>
<td>12</td>
</tr>
<tr>
<td>Lacks Beds</td>
<td>5.7%</td>
<td>2</td>
</tr>
<tr>
<td>Health Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Illness</td>
<td>14.3%</td>
<td>5</td>
</tr>
<tr>
<td>Minor Illness</td>
<td>20%</td>
<td>7</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>8.6%</td>
<td>3</td>
</tr>
<tr>
<td>Depression</td>
<td>20%</td>
<td>7</td>
</tr>
<tr>
<td>Repairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>5.7%</td>
<td>2</td>
</tr>
<tr>
<td>Minor</td>
<td>14.3%</td>
<td>5</td>
</tr>
<tr>
<td>Substance/Alcohol Abuse</td>
<td>5.7%</td>
<td>2</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>5.7%</td>
<td>2</td>
</tr>
<tr>
<td>Unauthorized Sub-tenant</td>
<td>2.6%</td>
<td>1</td>
</tr>
<tr>
<td>Truancy</td>
<td>11.4%</td>
<td>4</td>
</tr>
<tr>
<td>All Problems (excluding overlap)*</td>
<td>94.3%</td>
<td>33</td>
</tr>
<tr>
<td>&quot;Major&quot; Problems (excluding overlap)*</td>
<td>68.6%</td>
<td>24</td>
</tr>
</tbody>
</table>

* percent experiencing at least one problem as cited in Appendix Two
+ does not sum to 100 percent because of multiple problems reported

Source: Analysis by author of data from the Involuntarily Displaced Families Program supplied by the New York State Division of Housing and Community Renewal.

g) Other Problems

A number of other problems were cited, but none in enough frequency to be treated as a separate category.

Noticeably missing from the above list is a panoply of psychosocial problems generally associated with the homeless: child abuse, domestic violence, alcohol and substance abuse.
and other mental health problems. The incidence of client-precipitated problems was relatively small. Only 5.7 percent of families (n=2) were cited by caseworkers as having members who were suspected alcohol or substance abusers. Incidents of harassment by a significant other were equally uncommon (5.7 percent, n=2). A problem often cited by managers in rehousing programs is that of overcrowding or the appearance of an unauthorized subtenant (usually a boyfriend). But, that only surfaced once (2.6 percent) in the reports. There were no reports of families damaging their apartment or picking fights with neighbors (though two clients [5.7 percent] reported feeling harassed by other tenants). Finally, truancy, a result of a child not being enrolled in school or attending school irregularly, was reported in only four cases (11.4 percent).

How do we explain this near absence of social problems in the families observed? Surely, it is partly the result of effective screening by service providers. Few "problem families" were referred to the IDFP. Another possible explanation is that it takes more than six or eight months for problems to appear. Perhaps if we returned in two years, we would record another story entirely. Given my interviews with families who have been in place for a year and a half to two years, and the near absence of recidivism, discussed below, I think this explanation is unlikely. The period of initial occupancy is the most stressful. As one caseworker observed, "everything begins to happen in the first three
months...that's when the oil separates from water." A study by the Settlement Housing Fund, cited earlier, noted that of those families who experienced difficulties in housing, "for the most part these occurred early in tenancy." One final explanation might be that caseworkers are not reporting the personal problems experienced by family members to the DHCR. Perhaps caseworkers feel obliged to protect the confidentiality of their clients, or alternately to protect the reputation of the agency, which after all referred the family. I find this scenario more plausible. The DHCR staff repeatedly express frustration that when problems do surface, often through a complaint from management, it appears that the tenant has been experiencing the difficulties for a long time. They reason that the service provider should have noticed this if they were indeed visiting the family. I suspect that there are more personal problems experienced by families than are reported in the case records, but that they are generally resolved without coming to the attention of management or the agency.

h) Summary

Few families were spared problems in the first months of rehousing. Of the thirty-five families for which case records were available, only two (5.7 percent) encountered no difficulties during the follow-up period (Figure 4.4). The average number of problems per family was 3.5; however, the

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13 Settlement Housing Fund 3.

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distribution is bi-modal with 25.7 percent of families (n=9) experiencing either no or one problem, and another 48.3 percent (n=18) experiencing between four and six problems. This stands to reason since some of the problems, as I noted, have a "domino effect": a case closing leads to rent arrears which results in the receipt of a dispossess; or an illness leads to feelings of depression or children missing days of school.

Figure 4.4--Frequency of Problems

Source: Analysis by author of data from the Involuntarily Displaced Families Program supplied by the New York State Division of Housing and Community Renewal.
About 30 percent of the problems recorded (38 of the 125 problems) fall into the category of "major" problems. These include the receipt of a dispossess, a welfare case closing, a major illness or other difficulties of a similar magnitude (See Appendix Two). As many as 68.6 percent of families (n=24) encountered at least one of these more serious problems. Of these, most (37.1 percent, n=13) only experienced one major problem, while a smaller number encountered two (22.8 percent, n=8) or three (8.6 percent, n=3).

I do not know what the cumulative effect of these problems is on families. Certainly, the resettlement process is stressful enough without having to worry each day about receiving a dispossess or a notice of case closing. These problems impede the family's attempts to settle; they make the "permanent" housing seem less permanent. As a caseworker complained in a report to the state, these problems constitute "a kind of psychological warfare" against the client.

I believe the above problems take their toll, even on a population as motivated as the IDFP participants. Some may defer a dream of returning to school or taking a job while they fight to preserve the little stability they have. Others may decide not to get "too attached" to their apartments. They may respond by laying only shallow roots; refusing to make friends or familiarize themselves with a neighborhood;
neglecting the small improvements which make an apartment a home.

The problems have not resulted in a new cycle of homelessness for participants. I think this portrays both the perseverance of families and the quality of the follow-up service they receive—a topic discussed next.

**Follow-up by Not-For-Profit Agencies**

a) Were the Visits Performed?

When the Tier II shelter refers a family to the IDFP, it enters into an informal contract with the state: in return for the high-quality apartments offered through the program, shelters agree to provide follow-up assistance to their clients. Specifically, they agree to visit families in the following sequence after move-out:

- Bi-weekly visits in the first month of occupancy;
- Monthly visits during the second through sixth month of occupancy; and,
- Future visits on an "as needed" basis.\(^\text{14}\)

Apart from setting this mandated number of visits, neither the DSS nor the DHCR established any guidelines for what was to occur during these visits. The DHCR encouraged caseworkers to introduce themselves to managers at developments—to make their presence known—and the DSS developed a monthly report form to record the visits (Appendix 3). The form reminds workers to verify that children are registered in school and to "indicate any problems which might affect tenancy, such as

\(^{14}\text{NYS/DSS, Memo Regarding Screening Criteria and Follow-up, 1988.}\)
health, PA grant, building maintenance, etc., and what action is being taken to resolve the same". But apart from vague suggestions, shelter providers were left to structure the visits as they saw appropriate.

As I noted earlier, shelter providers are limited in the amount of follow-up service they are able to provide. Several of the larger agencies have been awarded grants from the state for follow-up programs, but most shelters receive no additional funding to provide these visits. Often a caseworker or housing worker in a shelter is expected to wear a second hat, splitting time between current residents of a shelter and former clients now in permanent housing around the city. In addition, shelter agencies have questioned the mandated number of visits, particularly when less capable families in poorer quality permanent housing receive less attention as a result. Notes one provider, "I guess it makes sense that the state is saying we'd like you to provide support. But what is not sensible is to say across the board that every family in the program has to have follow-up". As a response to this criticism (and, as will follow, to the fact that many Tier II shelters were not conducting the required number of visits), the state recently reduced the visit schedule. The new sequence is: three visits in the

16 Jack Doyle, Coordinator, Services for the Homeless, American Red Cross of Greater New York chapter, quoted in Glazer 21.
first three months followed by a closing visit in month six. (This change was made in late-1990, and so does not affect the study population who all have been in permanent housing for at least six months.)

Figure 4.5 provides a breakdown of the number of visits which were performed per client. Visits are bi-modally distributed, with 32 percent of the families (n=16) receiving no visits at all and 44 percent of the families (n=22) receiving four to six visits. Only 2 percent of the IDFP participants received the state's mandated seven visits during the case record period.\(^{17}\) In total, 168 reports were filed for the fifty case families. Subtracting the visits in which the client was not home (n=17) or in which the contact occurred by phone (n=19), there were in 134 in-person visits, or an average of 2.68 visits per client.

Many of the families were visited for a portion of the mandated period, but then the visits were suspended and the case was never officially closed. Of those families who received at least one visit (n=34) only 44.1 percent (n=15) received services to the time of case closure. From case opening to closing, the average length of services was 5.9 months for this group. I suspect that many cases were not closed because of staff turnover at shelters resulting in

\(^{17}\) I am assuming that if no case record was mailed to the state, then the visit was not performed. There are alternative explanations: 1) that a visit was made but that the paperwork was not sent or 2) that a visit was made and a report filed, but that it was lost by the state.
Figure 4.5--Visits Per Client

Source: Analysis by author of data from the Involuntarily Displaced Families Program supplied by the New York State Division of Housing and Community Renewal.

services being suspended, or because the provider intended to visit the family again, but was never able to do so.

b) What Occurred During Follow-up Visits?

In contrast with the scenario provided by families in the last chapter, caseworkers assisted clients in a variety of ways during the case record period. The categories of assistance mentioned most often in the reports are client advocacy and the distribution of information (Figure 4.6).

Caseworkers performed some form of advocacy for 48.6 percent of the families (n=17). This comes as no surprise
given the number of institutional problems experienced by families. Many caseworkers I spoke with felt they did their most effective work as advocates--freeing up a delayed welfare check, straightening out a rent arrears problem or petitioning for repairs. Often a simple telephone call from a provider could affect change when the family's two weeks of work had led nowhere. Of those case reports which mentioned the performance of some form of advocacy, 35 percent (n=7) were related to public assistance problems and 30 percent (n=6) were related to rent problems. The remaining cases of advocacy services were for repair problems (15 percent, n=3), help with obtaining day care (10 percent, n=2) and with finding more furniture (10 percent, n=2).

A second form of assistance was providing information to rehoused families. Often this preceded the move to permanent housing: many shelters supplied families with written information about their new neighborhood, such as the phone number of the local police precinct and the location of the nearest community health facility. Some 40 percent of families (n=14) received some form of information from a not-for-profit agency once in housing. Of those case reports which mentioned this assistance, 73 percent (n=11) were for requests information on education and training programs and 20 percent (n=3) for information on neighborhood services.

Other forms of intervention included monitoring a family's behavior--visiting management to check on a family's
rent and inquire about complaints or telephoning a child's school to confirm attendance. In all, 28.6 percent (n=10) of the families were monitored in some way by their caseworker. Finally, caseworkers recorded instances of providing direct counseling to clients or of arranging referrals to programs. Seventeen percent of families (n=6) received some form of one-on-one counseling from their caseworker and 11.4 percent (n=4) were given referrals for programs such as day care and specialized counseling.
Given this array of services, it is interesting to note that many families received little or no assistance from their caseworker. Of the thirty-five families who were visited, nineteen or 54.3 percent received no or only one intervention by a caseworker. A smaller group received four or more interventions (20 percent, n=7).

While interviewing families, I discovered that many remembered the home visits as social calls—an opportunity to catch up on events at the shelter or to show the caseworker the new home improvements they have made. This social function served by the visit is extremely important, and it is poorly measured by the above analysis.

**Family Activities**

In designing the IDFP, agency officials had expressed hope that, living in better housing among working people, participants would soon take important steps towards leaving the welfare system: returning to school, entering a training program or working.

However, the record of participants' first six to eight months in permanent housing is mixed. Only one participant has left the welfare system entirely. Fewer than half the households have a member who is participating in any activity: part-time work, school, training or volunteering in the community. And, most families (54.3 percent, n=19) are not yet involved in any program or activity outside the home (Figure 4.7).
These results should not be surprising, given the number of problems families encounter during the process of resettling. If a participant continually faces case closings and eviction notices, she is much less likely to take on new responsibilities until these problems are resolved. As I discussed in Chapter Three, the settlement process takes time—longer perhaps then either families or caseworkers anticipate. Of the families I interviewed, most required a year or longer to begin work or self-sufficiency programs.

Figure 4.7--Client Participation in Work or Programs

Source: Analysis by author of data from the Involuntarily Displaced Families Program supplied by the New York State Division of Housing and Community Renewal.
And yet, 45.7 percent of clients did begin some activity during the case record period. I do not have comparison figures for the level of participation in programs of all public assistance recipients, but this percentage seems high.

a) Work

Twenty percent of families (n=7) participated in some paid work in their first six to eight months in housing. Of these, most (85.7 percent, n=6) worked at low-paying jobs with part-time or irregular hours. Only one IDFP participant worked full-time hours, and this at a position--public school monitor--which she had held prior to her bout of homelessness.

Those who tried to mix work and welfare soon discovered that the combination resulted in "the worst of both worlds." Many soon found their welfare cases closed, even when the level of their earnings should not have resulted in closure. Of the six families working at low-paying part-time or irregular positions, two experienced case closings and one had her budget recouped and was threatened by her Income Maintenance worker with fraud as a result of work. As one leading expert on public assistance notes:

A woman is crazy to try and work part of the time and stay home with her children part of the time. She gets into even more hassles with the welfare system (because she must constantly report her earnings); she must arrange for day care; and she must cope with work, children, and sometimes several forms of welfare. Her reward for all of this is a tiny amount of extra income and often less medical protection. 18

Because of the loss of welfare benefits and the uncertainty of part-time or irregular work, most left their jobs within a short time. Of the seven working families, four gave up their jobs during the case record period. The average duration of this work was only 39 days.

b) Education and Training

A larger number participated in some form of school or training during the case record period. In all, nine families (25.7 percent) were enrolled in a variety of self-sufficiency programs. This included five members of households enrolled in Graduate Equivalency Diploma (GED) study, one in community college and three in job training programs. Some families entered programs in order to comply with HRA regulation. (Under the terms of the Family Support Act of 1988, adult heads of household with children three years or older must participate in some work or training in order to receive their welfare benefits.)

c) Volunteering

Finally, 8.6 percent (n=3) of families volunteered in some organization outside the home during the case record period. This included one family who was active with her tenants association, another who donated time at her child's Headstart program and a woman who returned to her former shelter to teach an aerobics class.
d) Summary

Two observations arise from this brief discussion of family activities. The first is that starting new work or programs takes time; our expectations of what families can accomplish should be adjusted accordingly. On average, families required 3.2 months to begin their first activity after moving. However, the onset of new activities is bimodally distributed with a small number of families continuing the activity that they participated in while at the shelter after moving to permanent housing, and a larger number requiring four to five months to begin their first activity. For some families, turning on phone service or finding the local health care center is an immense achievement. Perhaps we should find ways of celebrating these small incremental improvements in families' lives, rather than focusing on work or programs. As I mentioned, the majority of participants (54.3 percent), did not begin any formal work, education or training during the case record period.

The second observation about work and self-sufficiency programs is that participants seem to skip from activity to activity without staying at one position for any length of time. Five of the sixteen above families began more than one out-of-home activity during the case record period--switching, for instance, from a GED program to job training or leaving a part-time job to return to school. Three others left the work or program in which they were participating without beginning
another activity during the follow-up period. As one researcher on education and training programs notes, "leaving welfare is a process not an event".\textsuperscript{19} It may entail false starts and periodic setbacks. For many of the women represented, the lack of family or friends in the immediate neighborhood created additional obstacles. A sudden illness or an informal child care arrangement falling through was often enough to topple a family's attempts at becoming self-sufficient.

4.4 Recidivism

But, while families exhibited limited success at beginning new activities, evidence suggests that the apartments and buildings in which they live contribute to their overall stability. Of the fifty IDFP participants studied here, forty-nine still reside in their apartments after an average of two years in housing, according to the DHCR logs.\textsuperscript{20} This occupancy rate of 98 percent (or 2 percent


\textsuperscript{20} The one client no longer in place was evicted for non-payment of rent according to management. However, case records make note of the adult head of household being harassed by her significant other. In the final record, the caseworker encouraged the tenant to obtain an Order of Protection against the boyfriend. It is possible that the tenant fled the apartment for safety reasons.
turnover) is astoundingly high for a rehousing program.

While comparisons have limited validity, because of differences in screening procedures, quality housing and follow-up services in individual rehousing programs, several recent studies report identical turnover rates—approximately 85 percent—for their case populations. Four separate rehousing studies, representing formerly-homeless families in three different parts of the country, describe this same rate of turnover.21 I do not know what this means, except that most homeless families given the opportunity remain in the housing in which they are placed. Inevitably there is some percentage of families who experience difficulties—perhaps 15 percent is a good baseline figure.

The 2 percent rate of turnover for the IDFP may be somewhat understated. As I suggested in the last chapter, the communication between housing managers and the agency is poor. The managers I interviewed did not believe that they were required to notify the agency if an IDFP participant moved or was evicted. However, since most families receive a state Section 8 rent subsidy, they are visited yearly by the DHCR for recertification. Presumably, unreported move-outs would turn up then. Also, since a family threatened with eviction might contact their former caseworker, the agency might hear of turnover through a not-for-profit shelter. Even if managers had overlooked two or three families no longer in

21 See Guzman; Long; Klein; and Herzog.

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place, the percentage still in housing remains high.

What explains this stability of IDFP participants? Certainly the screening by service providers and the quality of the housing play a part. Which factor exerts more of an influence is unclear. I believe the experimental nature of this rehousing program and the independent monitoring of families by the DSS, the DHCR and the service providers is another important factor. While, as we learned in this chapter, families experienced a multitude of problems after relocation, no one "fell through the cracks." Often, the news of a problem--a child not attending school, a family behind on their rent--sent shock waves through the bureaucracy, leading to conference calls, memos and commitments of follow-up by a service provider. The fact that so many individuals--from state commissioners to line staff at the DHCR and DSS--have a vested interest in making the program "work" has resulted, predictably, in fewer families losing their apartments, at least to "preventable" problems, such as rent arrears.

However, low turnover does not mean that the psychosocial problems which may have led to a family becoming homeless have been solved, only that they are not so severe so as to lead to the family losing their new residence. Some participants, as I suggested in the last chapter, are lonely or feel overwhelmed in their new housing. Their prospects for beginning activities outside the home, such as work or skills training, are marginal. And, their inventory of social
supports—a friend to talk to, a neighbor to help out in a
time of crisis—is limited. That the family is still in place
then is only a limited victory.

In the conclusion, I recommend a number of service
interventions designed to assist families in reintegrating
into neighborhoods and strengthening their informal supports.
Conclusion

In this study, I have used a variety of research methods--historical analysis, case study, content analysis--to examine and evaluate one rehousing program.

Among the housing options available to families living in shelters, the IDFP is an anomaly. The program openly "creams" the shelter population, accepting only the most responsible or "housing-ready" families. The program places families in relatively economically-integrated buildings. Participants are repeatedly told that they are special for having been selected. They receive follow-up assistance by service providers. Finally, the state has assigned line-level staff to monitor the program's operation and respond quickly to problems. The state should be complemented for its leadership in crafting a model rehousing program.

For most families, living in this housing has affected their lives in profound ways. Women report feeling "more in control" of their lives and better able to act as a positive role model for their children. Most are optimistic about the future, and have realistic plans of things they hope to accomplish. All hold firmly to the stability they have created: making small home improvements with meager resources; monitoring rent perhaps more vigilantly than neighboring tenants.
For me, the experience of interviewing families was quite heartening. Having been employed for several years as a relocation worker, I was moved by families' descriptions of what permanent housing meant to them.

Still, a number of findings in the study are troubling:

* Many families are plagued by problems out of their control, such as rent arrears and welfare case closings. The average number of problems per family was 3.5. As many as 68 percent of families suffered from at least one "major" problem.

* Some participants have difficulty establishing supports in their new communities. While the social isolation I observed had not yet affected their tenancy, it prevented participants from feeling "settled" in their apartments or from beginning new activities.

* Many families are not receiving follow-up assistance. Thirty-two percent of families received no visits at all. Less than half of participants (44 percent, 15 of 35) received visits for the mandated six month period.

In the following section, I make a number of recommendations intended to address the above problems and improve the IDFP.
Recommendations

Assist Families In Establishing Linkages In Their New Communities

The DSS and DHCR should investigate the Family Support Center, described in Chapter Three, as a model of service delivery to rehoused families. In addition, the agencies should consider contracting services with providers in the neighborhoods where families are concentrated.

Encourage Housing Companies To Provide More Formal And Informal Support To Families

Since the inception of the Mitchell-Lama program in the 1950s, the tenant composition of many of the developments has changed. Families have less income, relative to their earlier counterparts, and they bring with them more problems, such as drug and alcohol addiction and family violence. Managers require training to respond to this changing tenant population. The IDFP participants as well as other tenants would benefit from additional services. This might take the form of informal counseling and referral to service professionals in the community, "welcome wagons" for incoming tenants, apartment orientations, community services directories and support for the work of tenants associations and other voluntary groups.

Move Families, When Possible And Practical, To Their Neighborhood Of Origin

Surely, it would be impractical to attempt to refer every applicant to the neighborhood where they once lived. Some families do not want to return to their neighborhood of origin. Some have experienced so much dislocation in their lives that there is no neighborhood that they strongly identify with. However, for those families that do have someplace they can call home, rehousing them in their neighborhood of origin would provide important social supports and help to stabilize families after long periods of dislocation.

Train Families While At The Shelter To Anticipate Institutional Problems

Families should know what their readjusted public assistance budget will look like. They should have enough familiarity with housing court and with their rights as tenant to protect themselves. Given that many
of the problems that families experience cannot be prevented, service providers should provide more information and skills training to families while still living in temporary housing.

Allow IDFP Participants To Pay Their Own Rent

The tenant's share of rent is relatively small: of the mean total rent, which is $586, the tenant's share (that not covered by the Section 8 contribution) is $146, or 25 percent of the total. Given the number of problems that families experience with the direct vendor system, families should be trusted to budget for and pay this small amount on their own. The agency should fall back on direct vendor only as a last resort, with those unable to assume the responsibility of rent payment.

Provide Additional Training For Caseworkers, Both At Anticipating Institutional Problems And At Working More Effectively With Clients

Small gestures by caseworkers--walking with a family around their new neighborhood; introducing a client to another who lives in same building--make an enormous difference for some families. The agencies should provide a forum for sharing these service strategies. In addition, caseworkers should receive training in order to be better advocates for their clients. Many of the institutional problems, related to welfare entitlements, tracking down missing rent checks or obtaining day care, cannot be resolved without some knowledge of the rules governing these programs. Finally, workers should have more guidance from the agencies on how to fill out case records. The quality of reporting is very uneven.

Improve The Monitoring Of The IDFP

The data collected by the state would be invaluable in a future study of families' success in housing. The agencies should standardize the case record process. They should also require housing companies to improve their reporting on current participants.
Future Research

Like many of the rehousing studies I review in Chapter One, this study is limited by a small sample size, a short time frame (families only in housing for on average two years) and a relatively informal process of data gathering. The families I interviewed were not chosen randomly, but rather were referred by service providers. My survey instrument consisted of a small number of open-ended questions intended to provoke conversation rather than answer a set of formal study questions. In addition, analysis of the case records was limited to the few topics addressed by caseworkers on the form: problems, interventions and client activities.

However, the results of this research would be useful to social researchers in designing future studies. The issues which might be addressed in such a study would include:

* Social Networks--In order to substantiate the finding that homeless families have difficulty establishing friends and other supports after rehousing, researchers might administer a psychological test, such as the Social Support Network Inventory, to families and to a control;

* Creaming--How do IDFP participants differ from others in the homeless system? How far can the IDFP "dip" into the homeless population before families are referred who exhibit severe psychosocial problems? Researchers might address these questions by repeating the methodology used

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in the NYU homeless study\textsuperscript{2} on a sample of IDFP participants and comparing the results;

* Impact of Institutional Problems--Do the problems which families experience in housing, such as rent arrears and case closings, prevent families from settling? Are such problems just a nuisance or a source of great stress? Are some ways of responding to such problems more "healthy" than others (for instance, families learning to become their own advocates)? These questions might be addressed in set of detailed survey questions.

In addition, the IDFP provides what social scientists refer to as a natural experiment:\textsuperscript{3} families are referred at random to apartments across the city. One area of future research would be a study of the effects of living in different types of housing or in different neighborhoods on a family's performance. Does living in a middle-income setting lead to other life improvements for low-income families, such as parents leaving the welfare system or children doing better in school? One recent study in Chicago of families from the inner-city who moved to suburban neighborhoods, found that suburban living had a profound impact on families, as compared with an inner-city control.\textsuperscript{4} Would a family settling in the South Bronx experience more problems in housing than another who relocates to Forest Hills, Queens. Or conversely, would families living in the middle-income setting feel isolated and

\textsuperscript{2} Knickman and Weitzman.

\textsuperscript{3} Babbie 268.

\textsuperscript{4} James E. Rosenbaum and Susan J. Popkin, "Economic and Social Impacts of Housing Integration," A Report to the Charles Stewart Moss Foundation (Grant #88-015), Center for Urban Affairs and Policy Research, Northwestern University, March 1990.
have more difficulty settling? What importance does race and ethnicity play in resettlement?

These questions could be examined by matching data from family interviews with data about the characteristics of buildings in which families live and neighborhoods. Much of this data on demographic and physical characteristics already exists and would only have to be incorporated in a master database, using addresses or census tracts as reference.

Finally, the families now in housing might be tracked longitudinally, to examine the effects of rehousing over time. How will families who participate in the IDFP compare in ten years with families who were placed in other, less stable, housing? The age-old question of the effect of physical environment on personal well-being might be addressed in such a study.

The information maintained by the DHCR would be invaluable in carrying out such future research.
Screening Criteria for Homeless Families Referred to State Assisted Housing Projects

* Families who have been in residence at the not-for-profit run shelter for at least one month.

* Families who have exhibited no signs of substance & alcohol abuse problems or any anti-social behavior and are generally in good health.

* Families who have kept their rooms at the shelter neat and clean and have not taken part in any willful destruction of their room or the shelter in general.

* Families whose children have not been problematic at the facility.

* Families who agree to voluntarily restrict their rent as a direct vendor payment - client choice to remove at any time. (6 months to one year)

* Priority referral of families which contain members who attend job training or educational training program.

Follow-up Procedures for Families placed in State Assisted Housing Projects.

* Contact names for H.R.A. - Income Maintenance staff will be provided to the management company to discuss any income entitlements or rent payment problems.

* Contact names for the referral agency (family shelter) will be provided to the management company to discuss any problem families.

* An orientation to apartment living and to the community will be provided to the families by the referral agency.

* Not-for-profit shelter staff will make a bi-weekly visits to the families during the first month of occupancy.

* Monthly visits will be made by the referral agency during months 2-6 of occupancy.

* Future visits will be made on an "as needed" basis.
Appendix Two

Coding Sheet: Client Problems

Rent problems:

01 Section 8 not paying
02 Welfare not paying
03 Management error
04 Rent part of AFDC budget w/o client aware
05 Client at fault
06* Receives dispossess
07* Major illness
08 Minor illness
09 Pregnancy
10* Problem with spouse or significant other
11* Suspected or alcohol substance abuse
12 Depressed/lonely
13 Concerns about neighborhood safety
14 Concerns about building safety
15* Harassment by neighbors
16* Victim of crime
17* Children not enrolled in school
18* Children attending school irregularly

19 Difficulty obtaining child care/kindergarten
20 Difficulty turning-on phone

Public assistance problems:

21* Case closing
22 Recoupment
23 Budget incorrect
24 Being sanctioned
25 Medicaid
26 Other
27 Apartment overcrowded or unauthorized tenant
28 Minor repair problem
29* Major repair problem
30 Lacks furniture
31 Other problem

(*) Major Problems

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## Coding Sheet: Caseworker Intervention:

### Referral to:

<table>
<thead>
<tr>
<th>Code</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Day care</td>
</tr>
<tr>
<td>02</td>
<td>Training/School</td>
</tr>
<tr>
<td>03</td>
<td>Counseling</td>
</tr>
<tr>
<td>04</td>
<td>Substance abuse treatment</td>
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<td>05</td>
<td>Other</td>
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### Monitoring of:

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<tr>
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<tr>
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<td>Rent</td>
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<tr>
<td>20</td>
<td>Children in school</td>
</tr>
<tr>
<td>21</td>
<td>Other</td>
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### Information about:

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<td>06</td>
<td>Neighborhood services</td>
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<tr>
<td>07</td>
<td>Job Training/School</td>
</tr>
<tr>
<td>08</td>
<td>Other</td>
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### Counseling:

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<tr>
<td>09</td>
<td>Budgeting</td>
</tr>
<tr>
<td>10</td>
<td>Career planning</td>
</tr>
<tr>
<td>11</td>
<td>Family planning</td>
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<td>12</td>
<td>Other</td>
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### Advocacy re:

<table>
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<td>13</td>
<td>Repairs</td>
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<td>14</td>
<td>Rent issues</td>
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<td>15</td>
<td>Day care</td>
</tr>
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<td>16</td>
<td>Public assistance</td>
</tr>
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<td>17</td>
<td>Obtaining furniture</td>
</tr>
<tr>
<td>18</td>
<td>Other</td>
</tr>
</tbody>
</table>

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Coding Sheet: Client Activities:

Client working:
01 Full-time
02 Part-time
03 Irregular

Client volunteering at:
04 Tenants Association
05 School/Headstart
06 Other
07 Enrolls children in day care/Headstart
08 Turns-on phone
09 Attending training program

Client in school studying:
10 GED
11 ESL
12 College
13 Other
14 Passes GED/graduates
Appendix Three

Involuntarily Displaced Families Program Monthly NFP Report

Family Name__________________________ Move-in Date____
NFP/Facility Name______________________ Visit Date____
Name of development where family lives____________________

Is this the final report? Yes____ No____

Are the children registered in school? Yes____ No____ If not, state why in space below. Also indicate any problems which might affect tenancy such as health, PA grant, building maintenance, etc. and what action is being taken to resolve same. If final report (at end of six months), indicate needed follow-up action you would recommend for the family, if any.

Name of individual preparing this report____________________
Bibliography


Interviews

IDFP PARTICIPANTS


NYS/DHCR


NYS/DSS

Russell Oliver, Special Assistant on Homeless Issues, Division of Income Maintenance, by phone, March 8, 1991.

Nancy Travers, former Assistant Commissioner, Office of Shelter and Supported Housing, by phone, May 2, 1991.

HOUSING COMPANIES


SERVICE PROVIDERS


Francis Drayton, Assistant Director, Henry Street Settlement, in person, March 14, 1991.


Shirley Jones, Director of Relocation Services, Women In Need, in person, January 29, 1991.


OTHERS

Dr. Ellen Bassuk, Researcher, by phone, April 9, 1991.